

Case Number:	CM14-0212499		
Date Assigned:	01/02/2015	Date of Injury:	07/24/2013
Decision Date:	03/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 7/24/13. He has reported right upper extremity injury after a fall. The diagnoses have included sprain/strain rotator cuff, osteoarthritis, left shoulder impingement, medial epicondylitis, and closed colles' fracture, malunion of fracture and traumatic arthropathy of forearm. Treatment to date has included medications, diagnostics, splinting, Home Exercise Program (HEP), and physical therapy. Currently, the IW complains of continued right shoulder pain. Magnetic Resonance Imaging (MRI) of right shoulder dated 9/23/14 revealed acromioclavicular joint degenerative arthritis and a tear at the anterior portion of the supraspinatus. There is pain in the medial aspect of the elbow and superior aspect of the left shoulder. Physical exam revealed right shoulder pain and weakness with elevation. The impingement maneuver is positive. The left arm exam revealed tenderness over the medial epicondyle as well as positive impingement maneuver. Recommendation was surgical treatment and work status was permanent and stationary. On 12/8/14 Utilization Review non-certified a request for post operative shoulder brace ARC 2.0 right shoulder, noting treatment guidelines allow for use of shoulder braces only in post-operative large or massive rotator cuff repairs. The requested right shoulder arthroscopy rotator cuff repair was non-certified and therefore, request for post operative shoulder brace ARC 2.0 right shoulder, is not medically necessary. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post Operative Shoulder Brace (ARC 2.0) for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Postoperative Abduction Pillow Sling

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to MTUS guidelines, in the section of shoulder complaints page 213, shoulder immobilization is recommended in case of severe pain. However, there is no clear indication for the use of shoulder brace in any shoulder condition. Therefore the request is not medically necessary even post op.