

<b>Case Number:</b>	CM15-0110434		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial/work injury on 8/27/14. He reported initial complaints of shoulder pain. The injured worker was diagnosed as having bilateral shoulder impingement syndrome. Treatment to date has included medication, physical therapy, home exercise program, cortisone injections to the left shoulder. MRI results were reported on 4/2/15. X-Rays results were reported on 2/19/15. Currently, the injured worker complains of constant moderate left shoulder pain that became severe with activities. Per the primary physician's progress report (PR-2) on 5/7/15, exam revealed tenderness over rotator cuff, footprint and acromioclavicular joint, positive Hawkin's test and Neer sign of impingement, positive drop arm test and cross over test, crepitus with range of motion. Left shoulder had limited range of motion. The requested treatments include shoulder immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder immobilizer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Immobilization; postoperative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9 Shoulder, pages 204-205; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920.

**Decision rationale:** Guidelines state that immobilization with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity has not been established and criteria are not met. Additionally, the Official Disability Guidelines also state that postoperative abduction immobilizers are only recommended as an option following an open repair of large or massive rotator cuff tears, not indicated here. Immobilizers for large or massive tears may decrease tendon contact to the prepared sulcus, but are not recommended for arthroscopic repairs by guideline recommendations. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The Shoulder immobilizer is not medically necessary and appropriate.