

Case Number:	CM15-0113880		
Date Assigned:	06/17/2015	Date of Injury:	11/23/2003
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 54-year-old male who sustained an industrial injury on 11/23/2003. Diagnoses include bilateral shoulder pain, bilateral adhesive capsulitis of the shoulders, bilateral shoulder arthropathy and bilateral shoulder contractures. Treatment to date has included medications, orthotics, right shoulder surgery x 3 and physical therapy. According to the PR2 dated 2/23/15, the IW reported bilateral shoulder pain, left worse than right. He wore bilateral upper extremity orthotics due to his shoulder and elbow problems. On examination, he had bilateral upper extremity numbness, tingling and weakness. Range of motion in the shoulders and elbows was very restricted. Deformities and contractures of the shoulders and elbows were noted. A request was made for custom shoulder orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom shoulder orthosis: 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)- Treatment Index, 13th Edition (web), 2015, Shoulder, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder immobilization.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states shoulder immobilization is not a recommended treatment as early mobilization benefits include earlier return to work and decreased pain and complication. Therefore the request is not medically necessary.