

<b>Case Number:</b>	CM15-0123804		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 12/19/2002. Diagnoses include shoulder pain. Treatment for the right shoulder has included conservative measures consisting of diagnostics, oral medications, acupuncture and trigger point injections. X- rays of the right shoulder dated 4/02/2015 showed lateral down sloping of the acromion process with subacromial spurring and mild AC joint arthropathy. Per the SOAP Note dated 3/11/2015, the injured worker reported neck and right shoulder pain. Physical examination of the bilateral upper extremities revealed tenderness to palpation in the bilateral scapulae, clavicles and acromioclavicular joints. There was right shoulder bursitis/impingement noted, otherwise range of motion of the upper extremities was symmetric without significant inhibition. The plan of care included injections. Authorization was requested on 5/01/2015 for purchase of a figure 8 brace for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Figure 8 brace for the right shoulder-purchase:** 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 <http://www.ncbi.nlm.nih.gov/pubmed/3554886>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Braces, Abduction.

**Decision rationale:** This claimant was injured in 2002 with shoulder pain. Treatment for the right shoulder has included conservative measures consisting of diagnostics, oral medications, acupuncture and trigger point injections. X-rays of the right shoulder dated 4/02/2015 showed lateral down sloping of the acromion process with subacromial spurring and mild AC joint arthropathy. As of March 2015, there was continued neck and right shoulder pain. There was right shoulder bursitis/impingement noted, otherwise range of motion of the upper extremities was symmetric without significant inhibition. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. In the ODG, figure 8 braces are not specifically mentioned. Regarding a shoulder abduction brace, pillow, the ODG notes in the shoulder section: Recommended as an option following open repair of large and massive rotator cuff tears. The [brace] keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008) Bracing can needlessly immobilize body structures that need rather gentle home range of motion exercises. No surgical lesions were noted that might require brace stabilization. This request is not medically necessary.