

<b>Case Number:</b>	CM15-0125212		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 55 year old male, who sustained an industrial injury on 02/08/2012. He has reported injury to the bilateral shoulders. The diagnoses have included bilateral shoulder pain; right shoulder impingement syndrome; dizziness and giddiness; status post right shoulder rotator cuff repair, subacromial decompression, and distal clavicle resection, on 05/22/2013; left shoulder full thickness tear of the supraspinatus with subacromion and subdeltoid bursitis; and status post left shoulder arthroscopic surgery. Treatment to date has included medications, diagnostics, splinting, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, physical therapy, and surgical intervention. Medications have included Percocet, OxyContin, Celebrex, Nucynta; Gabapentin, Colace, Lidoderm Patch, and Omeprazole. A progress note from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain; pain is rated as 5 on a scale of 1 to 10 with medications; pain is rated as 8.5 on a scale of 1 to 10 without medication; quality of sleep is poor; and activity level has remained the same. Objective findings included appears to be in mild pain; cervical spine range of motion is restricted and limited by pain; tenderness is noted on both the sides of the cervical paravertebral muscles, paracervical muscles, and trapezius; Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity; right shoulder movements are restricted with flexion, extension, and abduction; left shoulder movements are restricted with flexion, extension, abduction, internal rotation, and external rotation; empty can test is positive; motor strength of grip is 5-/5 on the right and 4-/5 on the left; elbow flexor's is 5-/5 on the right and 4-/5 on the left; shoulder

abduction is 5-/5 on the right and 4-/5 on the left; light touch sensation is decreased over the upper extremities on both sides and patchy in distribution; and Hoffman's sign is positive on the right side. The treatment plan has included the request for durable medical equipment (DME) compression sleeve for the left arm, for shoulder pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable medical equipment (DME) compression sleeve for the left arm, for shoulder pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Compression Garments.

**Decision rationale:** MTUS Guidelines does not address the issue of compression garments for treatment of shoulder problems. This is due to the fact that this is not considered a usual and customary treatment for shoulder complaints. ODG Guidelines mentions compression garments for the shoulder in the setting of postoperative care and in this setting it is not recommended. There is no mention of its benefits for chronic shoulder complaints. The requesting physician does not provide adequate documentation to consider an reasonable exception to Guideline recommendations or to address this as a reasonable medical treatment. Under these circumstances, the Durable medical equipment (DME) compression sleeve for the left arm, for shoulder pain is not medically necessary and appropriate.