

Case Number:	CM15-0171078		
Date Assigned:	09/11/2015	Date of Injury:	01/06/2013
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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:

This injured worker is a 28 year old female who reported an industrial injury on 1-6-2013. Her diagnoses, and or impression, were noted to include: left shoulder adhesive capsulitis; synovitis; left shoulder impingement syndrome, status-post left shoulder arthroscopy with decompression surgery (3-6-15). No current imaging studies were noted. Her treatments were noted to include: diagnostic magnetic resonance imaging studies of the left shoulder; left shoulder surgery (3-6-15); physical therapy; steroid injection therapy; a home exercise program; medication management; and modified work duties. The progress notes of 8-7-2015 reported complaints which included shoulder pain; a lump following a steroid injection which went down with physical therapy; that she had not had any numbness or tingling since surgery; but that on 8-7-2015 she rolled over in bed and had a constant pain in her left shoulder which kept her from driving, doing daily activities, and from exercising and doing her physical therapy. Objective findings were noted to include a divet in the anterior left shoulder, possible biceps tear (superior glenoid labrum lesion or SLAP), after rolling over in bed and hearing a pop. The physician's requests for treatments were noted to include a left shoulder immobilizer. The Utilization Review of 8-19-2015 non-certified the request for a left shoulder immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Immobilization.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Left Shoulder Immobilizer. The treating physician report dated 8/7/15 (39B) states, "Impingement syndrome, shoulder, left. Notes: stop pt and MRI, shoulder Immobilizer." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding immobilization of the shoulder: Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". The guidelines go on to state the following regarding postoperative use of a sling: "A post-op sling is generally recommended for 2-4 weeks after any shoulder surgery." The medical reports provided indicate the patient is status post arthroscopy and decompression of the left shoulder on 3/6/15. In this case, the use of a postoperative sling is only recommended for 2-4 weeks after surgery. Furthermore, immobilization of the shoulder is not recommended as a primary treatment and the progress report dated 8/7/15 notes that the shoulder immobilizer is the only plan of treatment. Additionally, the treating physician notes that the patient is slowly getting better in a report dated 7/16/15 (30B) and the requesting treating physician report dated 8/7/15 did not provide a rationale as to why the patient requires immobilization of the left shoulder. The current request is not medically necessary.