

Case Number:	CM15-0024887		
Date Assigned:	02/17/2015	Date of Injury:	03/15/2014
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 is a 48 year old female who sustained an industrial injury on 03/15/2014. She has reported pain in the right shoulder. Diagnoses include right carpal tunnel syndrome, right shoulder pain rotator cuff syndrome and unspecified arthropathy of the shoulder. Treatments to date include therapy and injection of the shoulder and right carpal tunnel. A progress note from the treating provider dated 12/31/2014 indicates the injured worker was given a shoulder immobilizer. The injured worker had tenderness over the anterior aspect of the right shoulder with forward flexion of 140 degrees and abduction of 105 degrees with positive impingement sign and positive abduction sign. Injection to the right shoulder and right wrist were noted to have been helpful, however her pain is recurrent and the numbness is persistent in the hand and fingers. Magnetic resonance imaging of 04/24/2014 showed a high grade interstitial tear of the supraspinatus tendon and acromioclavicular joint arthrosis. On 01/12/2015 Utilization Review non-certified a request for Retrospective shoulders immobilizer. The Official Disability Guidelines were cited. It was noted that the injured worker is diagnosed with shoulder impingement syndrome and partial cuff tendinosis and the dispensing of shoulder sling would seem to be contraindicated noting need for motion and rehabilitation of shoulder. It was noted that the use of sling will only lead to medical dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Immobilization.

Decision rationale: According to ACOEM Guidelines, a sling may be warranted for acromioclavicular joint strain or separation, or for acute pain in patients with rotator cuff tear. According to ODG, immobilization is not recommended as a primary treatment. ODG notes that immobilization and rest appear to be overused as treatment. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". In this case, the injured worker is in the chronic phase of injury and there is no evidence of acute injury, acromioclavicular joint strain or separation, or rotator cuff tear to support the request for shoulder immobilization. As noted by evidence based guidelines, with shoulder immobilization there is a major risk of adhesive capsulitis.