MAXIMUS Federal Services

Case Number:	CM15-0060545		
Date Assigned:	04/06/2015	Date of Injury:	12/01/2013
Decision Date:	05/29/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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:

The injured worker is a 69 year old male, who sustained an industrial injury on 12/1/2013. He reported injury from catching boxes as they were falling. The injured worker was diagnosed as status post subacromial decompression. An MRI of the right shoulder on 12/26/2013 demonstrated signal changes within the rotator cuff, possible partial rotator cuff tear, a type 2 acromion, and degenerative changes in the acromioclavicular joint. Undated X-rays of the cervical spine reportedly revealed advanced disc space narrowing at C5-6 and C6-7. Treatment to date has included surgery, physical therapy, acupuncture and medication management. In a progress note dated 2/18/2015, the injured worker reported improvement since the surgery. The treating physician is requesting retrospective approval of a cervical collar, knee brace, soft collar and arc shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cervical collar - 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 -Neck and Upper Back (updated 11/18/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for retro cervical collar - purchase is not medically necessary. The California MTUS Chronic Pain Guidelines recommend short term immobilization of the cervical spine for severe cervical disc displacement with radiculopathy; brief immobilization of the cervical spine for severe cervical strain; and a collar or brace for stabilization until emergency surgery is performed for central cord compression. Immobilization is also recommended for severe regional neck symptoms, severe postlaminectomy syndrome and severe spinal stenosis. The provided documentation did not indicate that the patient had any of these complaints or diagnoses. Additionally, the date of the request, the request for authorization, and the reasoning behind the request were not provided. As such, the requested service is non-certified. Therefore, the request for retro cervical collar - purchase is not medically necessary.

Retro post-op knee brace - 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 -Knee & Leg (updated 02/05/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The request for retro post-op knee brace - purchase is not medically necessary. The provided documentation did not indicate a recent knee surgery. The California MTUS/ACOEM Guidelines recommend immobilizers only if needed for knee instability. The provided documentation did not provide physical examination findings of knee instability, surgical notes regarding a knee surgery, or the rationale for the requested service. As such, the requested service is not supported. Therefore, the request for Retro post-op knee brace - purchase is not medically necessary.

Retro soft collar - 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 -Neck and Upper Back (updated 11/18/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for retro soft collar - purchase is not medically necessary. The California MTUS Chronic Pain Guidelines recommend short term immobilization of the cervical spine for severe cervical disc displacement with radiculopathy; brief immobilization of the cervical spine for severe cervical strain; and a collar or brace for stabilization until emergency surgery is performed for central cord compression. Immobilization is also recommended for

severe regional neck symptoms, severe postlaminectomy syndrome and severe spinal stenosis. The provided documentation did not indicate that the patient had any of these complaints of diagnoses. Additionally, the date of the request, the request for authorization, and the reasoning behind the request were not provided. As such, the requested service is non-certified. Therefore, the request for retro soft collar - purchase is not medically necessary.

Retro arc shoulder brace - 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 -Shoulder (updated 10/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Postoperative abduction pillow sling.

Decision rationale: The request for Retro arc shoulder brace - purchase is not medically necessary. The patient had a diagnostic and operative arthroscopy of the glenohumeral joint, debridement of the rotator cuff, biceps tendon and glenoid labral tear of the right shoulder with arthroscopic acromioplasty and resection of the coracoacromial ligament and subacromial bursa of the right shoulder and arthroscopic resection of the distal clavicle of the right shoulder on 02/03/2015. The Official Disability Guidelines recommend postoperative abduction pillow sling following open repair of large and massive rotator cuff tears. The guidelines go on to state that early mobilization benefits include earlier return to work, decreased pain, decreased swelling, and decreased stiffness along with a greater preserved range of joint motion without increased complications. As such, the requested service is not supported. Therefore, the request for Retro arc shoulder brace - purchase is not medically necessary.