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| Case Number: | CM15-0066827 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 10/19/2009 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: New Jersey

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 45-year-old female who sustained an industrial injury on 10/19/2009. Current diagnoses include status post left shoulder repair, chronic low back pain, and questionable piriformis syndrome. Previous treatments included medication management, shoulder surgery on 12/31/2014, back surgery, physical therapy, and injection. Previous diagnostic studies included an MRI and x-rays. Report dated 02/25/2015 noted that the injured worker presented with complaints that included ongoing pain and follow up for left shoulder repair. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included a request for AME. Disputed treatments include retro shoulder immobilizer for the left shoulder. Of note, some of the documentation within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Shoulder Immobilizer, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Immobilization and Postoperative Abduction Pillow Sling.

Decision rationale: The MTUS does not sufficiently discuss shoulder immobilization. The ODG, however, states that shoulder immobilization is 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. Also, with the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, shoulder slings may be recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow 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. In the case of this worker, although there was shoulder surgery performed on the left shoulder, the severity of the injury and complexity of the surgery did not seem to warrant using a shoulder immobilizer for a duration of time following the surgery. Earlier mobility might have even been more beneficial, in the opinion of the reviewer. Therefore, the request (retro) for shoulder immobilizer of the left shoulder will be considered not medically necessary.