

Case Number:	CM15-0069991		
Date Assigned:	04/17/2015	Date of Injury:	04/24/2012
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 4/24/12, relative to a trip and fall. The 7/18/12 left shoulder MRI impression documented moderate impingement syndrome, tendinosis of the rotator cuff with a small tear, fluid in the glenohumeral joint and subacromial space, and small SLAP deformity of the glenoid labrum indicative of a small tear. The 7/18/12 lumbar spine MRI documented 2 mm disc bulges at L1/2 and L2/3 indenting the anterior portion of the lumbosacral sac with moderate degenerative disc dehiscence. There was moderate decrease in the AP sagittal diameter of the lumbosacral canal. The 1/14/15 bilateral lower extremity electro diagnostic study was reported as normal. The 3/17/15 treating physician report cited left shoulder pain aggravated with overhead reaching and work. She reported lower back pain with radicular symptoms into the legs. Symptoms were aggravated with lifting and prolonged sitting, standing, and walking. Physical exam documented mild loss of left shoulder range of motion with positive impingement testing, rotator cuff and greater tuberosity tenderness, and subacromial grinding and clicking. Lumbar spine exam documented mild to moderate loss of range of motion, positive straight leg raise bilaterally, lumbar paraspinal tightness and spasms, L5 and S1 dermatomal hypoesthesia, bilateral big toe dorsiflexion and plantar flexion weakness, and diminished Achilles reflexes. The diagnosis included left shoulder tendinitis, impingement and rotator cuff tear, and lumbar disc herniation with radiculitis. Left shoulder arthroscopic surgery with subacromial decompression was scheduled for 3/21/15. The injured worker will require a shoulder sling for support and a 7-day cold therapy unit rental. A low back brace was requested for support. The 3/25/15 utilization

review modified the request for an urgent post-operative shoulder sling to a conventional shoulder sling without abduction pillow splint as there was no evidence of a rotator cuff tear or request for rotator cuff repair to support the medical necessity beyond conventional sling. The request for a low back brace for support was non-certified as there was no guideline support beyond the acute phase of symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Low Back Brace For Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. There is no evidence of spondylolisthesis or spinal segmental instability to support the medical necessity of this request. There is no evidence of lumbar spine surgery. There is no compelling rationale presented to support an exception to guidelines. Therefore, this request is not medically necessary.

Urgent Post-Operative Shoulder Sling, Left Shoulder: 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 - Postoperative Shoulder Sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 203.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Prolonged use of a sling only for symptom control is not recommended. The use of a post-operative sling is generally indicated. A standard sling was certified in utilization review on 3/25/15; there is no compelling reason to support the medical necessity of a specialized abduction sling or additional certification. Therefore, this request is not medically necessary.

