

Case Number:	CM15-0098706		
Date Assigned:	06/01/2015	Date of Injury:	07/07/1999
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/21/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 66 year old female, who sustained an industrial injury on July 7, 1999. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having shoulder strain, right shoulder derangement, and adhesive capsulitis of the right shoulder. Diagnostic studies to date have included MRIs. Treatment to date has included heat/ice, massage, and medications including oral pain, topical pain, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. On April 15, 2015, the injured worker complains of ongoing, pain across the bilateral shoulders radiating into the right forearm, wrist, and fingers. The pain is described as stabbing, achy, dull, burning, and throbbing. Associated symptoms include numbness, tingling, and weakness as previously noted. Medication helps decrease her pain. Her home exercise program is not as effective due to her increased shoulder and back pain when trying to exercise particularly stretching. The home exercise program is fading off. The physical exam revealed palpable trigger points in the splenius capitis, upper and lower trapezius, and sternocleidomastoid areas. There was decreased range of motion of the shoulders, normal reflexes of the upper extremities, weakness of the shoulders and elbows. The treatment plan includes surgical strapless bras.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical strapless bras: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Silicone Breast Implant Safety and Efficacy. <http://emedicine.medscape.com/article/1275451-overview>.

Decision rationale: Surgical strapless bras is used in case of breast augmentation. The patient is complaining of shoulder pain without evidence of any recent surgery or breast surgery. Therefore, the request is not medically necessary.