

Case Number:	CM14-0144563		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 50 year old with an injury date on 10/12/06. Patient complains of neck pain, lower back pain, right shoulder pain, bilateral hip pain, and bilateral knee/foot pain per 7/23/14 report. Patient states that loss of bladder control started one week ago, and would urinate on her as lower back pain/hip pain would prevent her from walking to bathroom per 7/23/14 report. Based on the 7/23/14 progress report provided by [REDACTED] the diagnoses are one. C-spine s/s 2. L-spine s/s 3. Right shoulder s/s 4. Right hip surgery 5. Left hip strain 6. Right knee surgery 7. Right foot s/s 8. Left foot s/s 9. Other problems unrelated to current evaluation. Exam on 7/23/14 showed "patient ambulates with cane. Sensation to light touch to right mid-anterior thigh, right mid-lateral calf, and right lateral ankle are intact." No physical exam findings for the right shoulder were found in reports. [REDACTED] is requesting immobilizing sling for right shoulder. The utilization review determination being challenged is dated 8/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/18/13 to 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immobilizing Sling for Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: This patient presents with neck pain, lower back pain, right shoulder pain, bilateral hip pain, and bilateral knee/lower extremity pain. The treater has asked for immobilizing sling for right shoulder on 7/23/14. Patient first reported right shoulder pain on 12/18/14. For Shoulder Slings, ACOEM recommends as an option for Rotator Cuff tear: "Sling for acute pain" or for AC joint strain "Sling for comfort." In this case, the patient has persistent right shoulder pain but included reports do not provide exam findings, detailed description of subjective pain, or any indication that patient has a rotator cuff tear or AC joint strain. The treater does not specifically mention why he is recommending this treatment either. The requested immobilizing sling for right shoulder is not medically necessary for this type of condition. Recommendation is for denial.