

Case Number:	CM14-0074364		
Date Assigned:	07/16/2014	Date of Injury:	11/04/2013
Decision Date:	09/23/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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, Pain Management

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 30 year old male, who sustained an industrial injury on November 4, 2013. He reported an injury to his right shoulder with intermittent tingling in the pinky finger and thumb. He was diagnosed with shoulder pain. Treatment to date has included diagnostic imaging, NSAIDS, opioid medications, right shoulder arthrogram, heat-ice therapy, and work modifications. A physician's evaluation on February 28, 2014 revealed the injured worker complained of right shoulder pain and stiffness. He rates his pain a 10 on a 10-point scale and described the pain as stabbing. He had associated numbness, tingling, weakness and swelling. His pain was aggravated by work and exercise and relieved with heat-ice therapy. On physical examination the injured worker had a restricted right shoulder range of motion and positive Hawkin's test, Neer's test, and O'Brien's test. The diagnoses associated with the request include superior labral anterior and posterior tear, right shoulder pain and stiffness, impingement of the right shoulder and injury of the superior glenoid labrum of the shoulder joint. The treatment plan includes physical therapy, work modifications, and follow-up evaluation. A request was received for a gunslinger shoulder immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gunslinger shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization.

Decision rationale: Regarding the request for immobilization, CA MTUS does not address the issue specifically. ODG states that immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Within the documentation available for review, no documentation is provided refuting guideline recommendations. As such, the currently requested immobilizer is not medically necessary.