

Case Number:	CM13-0030666		
Date Assigned:	11/27/2013	Date of Injury:	03/09/2010
Decision Date:	03/26/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 yr. old female claimant sustained a work injury on 3/9/10 involving the right shoulder , back, right forearm and neck. She had undergone right shoulder arthroscopy in 2012. She has performed in a home exercise program, physical therapy, and taken Naproxen and Norco for pain. An examination report on 4/17/13 indicated that her right shoulder had 120 deg active forward flexion, 100 deg. active abduction, 10 degree internal rotation,, a painful arc motion and impingement finding of the right rotator cuff. She has used a JAS device from 4/11/2013-7/11/2013 to improve her range of motion of the shoulder. An exam report on 8/20/13 showed 140 deg of active forward flexion, 130 deg of active abduction, 10 deg internal rotation, painful arc motion and impingement findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective rental of a JAS (joint active systems) splint from 4/11/13 to 7/10/13: 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).

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

Decision rationale: The ACOEM guidelines do not specifically mention a JAS system. Table 9-6 in the ACOEM guidelines state the prolonged use of a sling is only for symptom control.

According to the ODG guidelines, an SPS system is recommended as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. Although there is very small functional improvement between April and July 2013 of the shoulder, there is no documentation in the interim regarding specific improvement within the treatment period that is attributed the JAS system or other modalities performed such as home therapy, pain medications, injections, etc. As a result, the JAS system is not medically necessary based on the information provided.