

Case Number:	CM14-0012029		
Date Assigned:	04/09/2014	Date of Injury:	05/06/2013
Decision Date:	09/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 53-year-old female who reported an injury on 05/06/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 01/03/2014 indicated diagnoses of left adhesive capsulitis and left shoulder impingement. The injured worker continued to experience pain, weakness, and limited motion. The injured worker had not received the JAS splint. It had not been delivered. Surgery was denied and she would like a cortisone injection. On physical examination, the injured worker was in no apparent distress. The injured worker had a positive impingement sign, with pain and RTC strength testing. The injured worker's treatment plan included obtain authorization to proceed with shoulder surgery. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for JAS shoulder brace x1 month rental. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS SHOULDER BRACE, X 1 MONTH RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, DYNASPLINT SYSTEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons.

Decision rationale: The American Academy of Orthopaedic Surgeons states frozen shoulder can develop after a shoulder has been immobilized for a period of time due to surgery, a fracture, or other injury. There is a lack of documentation indicating the injured worker's prior course of physical therapy or the number of sessions the injured worker has completed to include the efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the American Academy of Orthopedic Surgeons does not recommend bracing. Therefore, the request is not medically necessary.