

Case Number:	CM14-0170332		
Date Assigned:	10/20/2014	Date of Injury:	03/11/2009
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational Medicine 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:

This case is a 49 year old patient with a date of injury on 3/11/2009. A review of the medical records indicate that the patient has been undergoing treatment for adhesive capsulitis of the shoulder, left shoulder pain, and persistent post-operative arthrofibrosis. Subjective complaints (9/24/2014) include left shoulder pain, stiffness, and weakness and spasms of the shoulder/neck that causes her hands to 'lock up'. On 9/16/2014, the left shoulder exam revealed abduction to 130 degree, flexion to 135 degree, and internal rotation contracture at 10 degree. Objective findings (9/24/2014) showed a decreased abduction to 90 degrees, forward flexion to 110 degrees, painful endpoint, audible crepitus, and internal rotations contracture at 15-20 degrees. Treatment has included arthroscopic capsular release of the left shoulder (7/2009), debridement of the left shoulder (12/2011, 12/2012), left shoulder arthroscopic partial synovectomy (1/14/2014), physical therapy (unknown number of sessions), home exercise program, medications (norco, naprox, and stool softener), and JAS splint. A utilization review dated 9/24/2014 non-certified a request for static shoulder device, DOS 08-06-14 to 09/05/14 due to lack of range of motion in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for static shoulder device, DOS 08-06-14 to 09/05/14: 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) Progressive Stretch (SPS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Static progressive stretch (SPS) therapy

Decision rationale: MTUS is silent specifically with regards to a static shoulder device. ODG refers to Static Progressive Stretch when citing Joint active system (JAS) splints. ODG states specifically regarding Static Progressive Stretch (SPS) Therapy, "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." The patient has an established diagnosis left shoulder adhesive capsulitis with multiple arthroscopic revisions. The medical notes do indicate that the patient has been using JAS splint twice a day at home since at least 9/2013. Over that year, the patient's left shoulder range of motion actually decreased with usage of the splint and other ongoing therapy. The patient even notes that the splinting device is not helpful (8/6/2014). The request is for period between 08-06-14 to 09/05/14. The medical notes do not indicate any improvement despite once to twice a day usage. As such, the request for static shoulder device, DOS 08-06-14 to 09/05/14 is not medically necessary.