

Case Number:	CM14-0179201		
Date Assigned:	11/03/2014	Date of Injury:	12/12/2011
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgeon 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:

A 58-year-old female claimant has industrial injury of December 12, 2011. The clinic is status post left shoulder arthroscopic subacromial decompression, distal clavicle excision and debridement of labrum and rotator cuff on April 23, 2014. Examination from September 22, 2014 demonstrates the claimant is making progress with physical therapy. The claimant's left shoulder pain is rated as 7 out of 10. There are associated muscle weakness and muscle spasms. Range of motion left shoulder demonstrates a forward flexion to 160 with extension of 35, abduction 245 and external rotation of 80 with internal rotation of 70. Request is made for a Freedom Flex Folding resistance chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Folding resistance chair exercise and rehab system with freedom flex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

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

Decision rationale: Per the ODG, Shoulder section, Flexionators, "Under study for adhesive capsulitis. No high quality evidence is yet available. A study of frozen shoulder patients treated with the ERMI Shoulder Flexionators found there were no differences between the groups with either low or moderate/high irritability in either external rotation or abduction (glenohumeral abduction went from about 52% to 85% in both groups over a 15-month period), but there was no control group to compare these outcomes to the natural history of the disease." As the guidelines do not support its usage, the determination is for denial.