

Case Number:	CM15-0130315		
Date Assigned:	07/16/2015	Date of Injury:	01/15/2010
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Family Practice

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 50-year-old male, who sustained an industrial injury on 1/15/10. The injured worker has complaints of shoulder pain and lower back pain with radicular symptoms. The documentation noted that the injured workers lumbar spine is tender to palpation; he has decreased range of motion to flexion by about 70 percent and extension by about 60 percent of normal. The documentation noted that right shoulder active range of motion flexion and abduction is to 90 degrees with stiff and painful and points with painful arc of motion throughout. The diagnoses have included rotator cuff sprain and strain of the shoulder. Treatment to date has included Nucynta; Gabapentin; right shoulder surgery on 5/17/14; home exercise program and pain management. The request was for JAS splint right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS Splint Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Static Progressive Stretch (SPS) Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Section: Static Progressive Stretch Therapy.

Decision rationale: The Official Disability Guidelines comment on the use of static progressive stretch therapy, such as with a JAS Splint, as a treatment modality for shoulder problems. Static progressive stretch therapy 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. In this case, there is no documentation to indicate that the patient has adhesive capsulitis as the source of his symptoms. Further, there is insufficient documentation as to the rationale for the use of a JAS Splint over current management strategies to include physical therapy and a home exercise program. For these reasons, a JAS Splint for the right shoulder is not considered as medically necessary.