

Case Number:	CM15-0132395		
Date Assigned:	07/20/2015	Date of Injury:	09/30/2011
Decision Date:	08/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/08/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old male who sustained an industrial /work injury on 9/30/11. He reported an initial complaint of left shoulder pain (overuse) after right shoulder surgery. The injured worker was diagnosed as having lumbosacral strain, cervical strain, rotator cuff syndrome, and right adhesive capsulitis. Treatment to date includes medication, surgery (right shoulder surgery in 2011), and physical therapy sessions. MRI results were reported on 5/2/14. Currently, the injured worker complained of restrictions with motion and pain. Per the primary physician's report (PR-2) on 5/8/15 examination notes abduction at 140 degrees, forward flexion at 43 degrees, external rotation at 90 degrees, abduction at 60 degrees, and internal rotation at 90 degrees. There is left shoulder girdle pain aggravated by movement. Sutures are intact, rounded shoulders posture, and improved range of motion. Current plan of care included improved range of motion through use of mechanical device. The requested treatments include: end range of motion improvement left shoulder flexionater for rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

End range of motion improvement left shoulder flexionater for 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 (ODG) Shoulder Chapter.

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

Decision rationale: MTUS guidelines do not address the use of flexionators, therefore, alternative guidelines were consulted. Per the ODG, the use of flexionators is under study for adhesive capsulitis. No high quality evidence is yet available. A study of frozen shoulder patients treated with the ERMI Shoulder Flexionator 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. According to other studies, outcomes from regular PT and the natural history of adhesive capsulitis are about as good. The guidelines state that traditional physical therapy produced the same outcomes as the use of a flexionator; therefore, the request for end range of motion improvement left shoulder flexionator for 1-month rental is determined to not be medically necessary.