

Case Number:	CM15-0145640		
Date Assigned:	08/06/2015	Date of Injury:	01/04/2012
Decision Date:	09/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male with an industrial injury dated 01-04-2012. The injury is documented as cumulative trauma as a result of his employment as a driver of a cement truck. He noticed the gradual onset of diffuse neck pain. His diagnoses included cervical strain, rule out herniated disc cervical spine, cervical radiculitis bilateral upper extremities, right shoulder rule out rotator cuff tear, right shoulder rotator cuff tendinitis and right frozen shoulder. Prior treatment included medications, diagnostics, cervical epidural steroid injections, physical therapy, acupuncture and right shoulder surgery. Comorbid conditions included "heart attack" and cardiac stent placement. He presented 06-30-2015 with complaints of neck pain with pain in both upper extremities. He also noted numbness and tingling in bilateral hands. Other complaints included lower back pain which was rated as 8 out of 10. Physical exam noted positive tenderness over the paracervical musculature with normal sensation in the upper extremities. Right shoulder exam noted tenderness, positive Neer's test, positive Hawken's test, positive AC joint tenderness and positive AC joint compression. There is a note dated 07/09/2015 providing information regarding end range motion improvement flexionater (ERMI).The request is for ETMI Shoulder Flexionator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ETMI Shoulder Flexionator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (extensionators).

Decision rationale: ETMI Shoulder Flexionator is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that flexionators (extensionators) are under study for adhesive capsulitis. No high quality evidence is yet available. The documentation does not reveal extenuating circumstances to necessitate a shoulder flexionator which continues to be under study per the guidelines therefore this request is not medically necessary.