

Case Number:	CM15-0163018		
Date Assigned:	08/31/2015	Date of Injury:	08/21/2014
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This 48 year old woman sustained an industrial injury on 8-21-2014. The mechanism of injury is not detailed. Diagnoses include right shoulder pain status post biceps tenodesis. Treatment has included oral medications. Physician notes dated 8-4-2015 show right shoulder pain rated 7 out of 10. Recommendations include advancing treatment as tolerated, flexionator device for stretching at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

ERMI Shoulder flexionator for 30 days, right shoulder: 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, Flexionators (extensionators).

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 Flexionater 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. In this case, there is no evidence of failure with a formal PT program or home-based exercise program. The request for ERMI shoulder flexionater for 30 days, right shoulder is determined to not be medically necessary.