

Case Number:	CM15-0206386		
Date Assigned:	10/23/2015	Date of Injury:	04/20/2000
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 60 year old female who sustained an industrial injury on 04-20-2000. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral shoulder impingement syndrome. The injured worker is status post right shoulder arthroscopy with subacromial decompression, acromioclavicular joint resection and rotator cuff repair in 09-2013, left shoulder arthroscopy with subacromial decompression, acromioclavicular joint resection, partial debridement biceps tendon and partial synovectomy in 12-2013, left shoulder manipulation under anesthesia in 09-2014, left shoulder arthroscopy, partial synovectomy and debridement in 02-2015 and left total shoulder replacement on 07-16- 2015. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience operative type intermittent pain and stiffness in the left shoulder and increased pain in the right shoulder due to compensation. Examination of the left shoulder demonstrated well healed scars and neurovascular status intact. Left shoulder range of motion was documented as forward flexion at 60 degrees, abduction at 45 degrees, internal rotation at 20 degrees and external rotation at 10 degrees with all directions causing pain. Prior treatments have included diagnostic testing, multiple operative procedures to the left shoulder, extensive physical therapy, steroid injections and medications. Current medications were listed as Percocet, Movantik, Diclofenac XR and Omeprazole. Treatment plan consists of medication regimen, aggressive physical therapy post-operatively and the current request for end range motion improvement (ERMI) shoulder Flexionater Qty: 30.00 days. On 09-24-2015, the Utilization Review determined the request for end range motion improvement (ERMI) shoulder Flexionater Qty: 30.00 days was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ERMI Shoulder Flexionater (days) Qty: 30.00: 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 (Acute & Chronic) - 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 section, Flexionators (extensionators).

Decision rationale: The MTUS Guidelines are silent regarding flexionators for shoulder pain or adhesive capsulitis. The ODG, however, states that this type of device is currently under study for adhesive capsulitis. So far, 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. In the case of this worker, although it is clear that some form of physical therapy/stretching is warranted in this setting of persistent left shoulder pain and stiffness post-surgically; the use of a device currently under study and without significant evidence of benefit cannot be justified. Therefore, this request for ERMI shoulder flexionator for 30 days will be considered medically unnecessary at this time.