

Case Number:	CM15-0039844		
Date Assigned:	03/06/2015	Date of Injury:	03/25/2013
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 a work/industrial injury on 3/25/13. He has reported initial symptoms of neck and left shoulder pain. The injured worker was diagnosed as having rotator cuff syndrome, sprain of neck, and sprain of thoracic region. Treatments to date included medication, s/p left shoulder arthroscopy, bursectomy, subacromial decompression and Mumford procedure, physical therapy, continuous passive motion machine (CPM), home exercises. Magnetic Resonance Imaging (MRI) of 10/31/14 revealed severe cervical stenosis at C5-6 and disc herniation at C5-6 with L>R neural foraminal stenosis and cord compression as well as foraminal compression. Currently the injured worker is complaining of left shoulder pain. The orthopedic report from 2/17/15 indicated the cervical spine range of motion was 40% of normal, Spurling's was positive. Sensation was decreased in the left upper extremity, left biceps and triceps were 4/5 strength, left intrinsic were 3/5 in strength. There was a healed scar on the left shoulder consistent with recent surgery. The primary physician's report of 10/6/14 (PR-2) revealed left arm numbness, pain to the cervical, thoracic, and wrist pain and left middle finger triggers.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS shoulder device rental x 3 months: 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), 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 shoulder chapter, Joint active system (JAS) splints.

Decision rationale: This patient has a date of injury of 03/25/13 and is status post left shoulder surgery on 08/15/14. The current request is for JAS SHOULDER DEVICE RENTAL X3 MONTHS. The Request for Authorization is dated 02/03/15. The ACOEM and MTUS guidelines do not discussion JAS. The ODG guidelines under the shoulder chapter under Joint active system (JAS) splints states "See Static progressive stretch (SPS) therapy." Regarding, Static progressive stretch (SPS) therapy the ODG states, "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 contractured joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003)" The Utilization review dated 02/12/13 denied the request stating that "guideline criteria have not been met. There is no evidence of adhesive capsulitis." Progress report dated 11/17/14 states that the patient has some residual tenderness with abduction at 140 degrees. Physical examination on 10/06/14 noted arm numbness and left shoulder pain. The treating physician does not provide any rationale for this request. In this case, there are no physical examination findings indicating adhesive capsulitis. This request IS NOT medically necessary.