

Case Number:	CM15-0055190		
Date Assigned:	03/30/2015	Date of Injury:	02/18/2014
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 2/18/14. He reported pain in the right shoulder after a heavy object fell onto his right shoulder. The injured worker was diagnosed as having adhesive capsulitis of the right shoulder and right shoulder impingement with traumatic right rotator cuff tear. Treatment to date has included right shoulder manipulation on 11/29/14 and pain medications. As of the PR2 dated 2/17/15, the injured worker reports continued pain and limited range of motion in the right shoulder. The treatment plan includes continuing home exercise program, oral pain medications, follow-up with orthopedic surgeon and a JAS splint. The treating physician requested a JAS splint for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS Splint Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Shoulder, (acute & chronic) Joint Active System.

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, Joint Active Systems (JAS), Splints.

Decision rationale: Pursuant to the Official Disability Guidelines, JAS splint right shoulder is not medically necessary. JAS is recommended as an option for adhesive capsulitis. This therapy uses mechanical devices for joint stiffness and contracture to be one across a stiff or contracted joint and provide incremental tension to increase range of motion. In this case, the injured worker's working diagnoses are adhesive capsulitis right shoulder; right shoulder contusion; and right shoulder internal impingement; and dramatic right rotator cuff tear. In a progress note dated February 17, 2015, the treating physician prescribed the JAS (joint active systems) splint apparatus. The utilization review physician initiated a peer-to-peer conference with the treating physician. The IMR submitted indicated the JAS was for purchase. The peer-to-peer conference appeared to indicate the JAS splint to the right shoulder was to be rented for six weeks. ■■■■■ (the treating family physician) clarified the splint was to be used in conjunction with ongoing physical therapy. Although the JAS splint is clinically indicated for a case of adhesive capsulitis, a specific timeframe was not indicated in the request for authorization. The treating physician agreed to resubmit a request for authorization for a six-week rental according to the utilization review physician's request. Consequently, absent clinical documentation to support the purchase for a joint active system (JAS) shoulder splint for purchase, JAS splint right shoulder is not medically necessary.