

Case Number:	CM15-0087543		
Date Assigned:	05/11/2015	Date of Injury:	09/17/2012
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 32 year old male, who sustained an industrial injury on 09/17/2012. According to a progress report dated 03/26/2015, the injured worker reported right shoulder pain. Treatment to date has included medications, physical therapy, surgery and injections. His most recent surgery was done on 09/09/2014. During a previous office visit, he received a Marcaine injection into the bicipital groove which provided 100 percent relief of his anterior shoulder pain. He reported that he could not sleep secondary to the pain in his right shoulder. He was currently attending physical therapy. He participated in a home exercise program every day. Medication regimen included Anaprox and Tylenol No. 3. Impression was noted as post-operative arthrofibrosis/adhesive capsulitis status post right shoulder redo arthroscopy and corrections on 09/09/2014. Diagnoses included rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections shoulder region not elsewhere classified, bicipital tenosynovitis and lack of coordination/scapular dyskinesia. The injured worker received a Marcaine injection intraarticularly into the glenohumeral joint. He was fitted for a Spinal Q vest to assist with the scapular dyskinesia to facilitate strengthening of the rotator cuff muscles to restore proper shoulder mechanics. Treatment plan included continuation of formal physical therapy and home exercise program, continuation of medication and request for authorization for JAS brace for the right shoulder to be worn twice a day to increase range of motion. He was cleared to return to worker on modified duty. Currently under review is the request for durable medical equipment/joint active systems, brace device for right shoulder for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) JAS (joint active systems) Brace / Device for Right Shoulder, for 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: 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 (ODG) Shoulder, Dynasplint system.

Decision rationale: The JAS brace uses static progressive stretching to increase ROM of the shoulder joint and is similar to the Dynasplint system. The MTUS is silent on splinting of the shoulder. The ODG guidelines, "Recommend home use as an option for adhesive capsulitis, in combination with physical therapy instruction. This trial concluded that use of the shoulder Dynasplint System () may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009) The protocol of using low-load prolonged-duration stretch, combined with the therapeutic principle of increased time at end range allows the patient to reduce contracture by achieving permanent elongation of connective tissue. The protocol of increasing total end range time has been shown to be beneficial, despite the cause of contracture in the shoulder joint. This is the protocol used with the Dynasplint and a biomechanically correct device was developed to utilize a low-load prolonged-duration stretch with dynamic tension to reduce contracture of the elbow and knee joints. This stretching protocol allows patients to stretch in flexion, abduction, external, or internal rotation." In this case, the treatment does appear to be indicated but the period requested is excessive without close follow up to demonstrate an improvement. The requesting provider desires follow up at 6 weeks. The UR review modified the request to allow for 1 month trial which is reasonable. As such, the request for DME (durable medical equipment) JAS (joint active systems) Brace/Device for Right Shoulder for 3 months is not medically necessary.