

Case Number:	CM15-0017159		
Date Assigned:	02/04/2015	Date of Injury:	05/07/2007
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old female who sustained an industrial injury on 05/07/2007. Diagnoses include right shoulder arthroscopy, subacromial decompression and mini-Mumford procedure on 6/24/2014 with inadequate physical therapy ow developing post-operative frozen shoulder. Treatment to date has included medications, physical therapy, CPM Unit, trigger pointe injections, and portable Joint Activity System (JAS) unit. A physician progress note dated 11/17/2014 documents the injured worker continues with very limited with internal rotation. She is using a JAS unit that requires her to sit in a chair 6-8 hours a day which is very limiting. Treatment requested is for Portable JAS unit. On 01/06/2015 Utilization Review non-certified the request for a Portable JAS unit, and cited was Official Disability Guidelines-Treatment in Workers Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable JAS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Mechanical Stretching Devices for Contracture and Joint Stiffness Aetna Policy Number: 0405 and ODG: Shoulder-Static Progressive Stretch (SPS) therapy and <http://www.jointactivesystems.com/>

Decision rationale: Portable JAS Unit is not medically necessary per the ODG and a review online of JAS units and Aetna guidelines. The ODG states that static progressive stretch (SPS) therapy is 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 contracted joint and provide incremented tension in order to increase range of motion. According to the manufacturer's website, "Static Progressive Stretch (SPS) and dynamic splinting are two fundamentally different techniques used to permanently lengthen shortened connective tissues." Typically, the patient sets the device angle at the beginning of the session, and every several minutes the angle is increased. A typical session lasts 30 minutes, and sessions may be repeated up to 3 times per day. Unlike the flexionator, the joint is not allowed to recover during the stretch period. According to the manufacturer, JAS systems are designed to simulate manual therapy. The manufacturer claims that JAS devices eliminate the risk of joint compression, provide soft tissue distraction, and "achieve permanent soft tissue lengthening in a short amount of time." Per Aetna guidelines published reports of the effectiveness of JAS splints are limited to case reports and small uncontrolled observational studies. There are no prospective randomized studies demonstrating that the addition of the use of JAS devices to the physical therapy management of patients with joint injury or surgery significantly improves patient's clinical outcomes. Due to not enough evidence supporting the use JAS units the request for a portable JAS unit is not medically necessary.