

Case Number:	CM15-0113572		
Date Assigned:	06/19/2015	Date of Injury:	09/17/2012
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This 32-year-old male sustained an industrial injury to the right shoulder on 9/17/12. Previous treatment included right shoulder rotator cuff repair (2/20/13), right shoulder arthroscopic capsular release (9/9/14), physical therapy, transcutaneous electrical nerve stimulator unit, injections, home exercise and medications. In an office visit dated 3/26/15, the injured worker reported 100% pain relief following a Marcaine injection into the bicipital groove on 2/5/15. The injured worker currently complained of ongoing right shoulder pain at rest and with activity. The injured worker could not sleep secondary to pain. The injured worker was currently taking Anaprox and Tylenol No. 3. The injured worker was attending physical therapy twice a week and performing daily home exercises. Physical exam was remarkable for full active and passive range of motion to the right shoulder with mildly positive impingement, moderate scapular dyskinesia and 4/5 supraspinatus strength. Current diagnoses included rotator cuff sprain/strain, adhesive capsulitis of shoulder, bicipital tenosynovitis and scapular dyskinesia. The injured worker received an injection during the office visit with subsequent 50% reduction in pain on impingement maneuver. The treatment plan included continuing physical therapy and home exercise, continuing Anaprox and Tylenol #3, requesting authorization for JAS brace for the right shoulder, a Spinal Q vest and returning to work on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS brace for the right shoulder x2 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder (updated 05/04/15) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter under Joint active system (JAS) splints.

Decision rationale: This patient complained of ongoing right shoulder pain. The current request is for JAS brace for the right shoulder x2 months. The RFA is dated 03/26/15. Previous treatment included right shoulder rotator cuff repair (2/20/13), right shoulder arthroscopic capsular release (9/9/14), physical therapy, transcutaneous electrical nerve stimulator unit, injections, home exercise and medications. The patient has been cleared for modified duty. 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 contracted joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003)" According to the 3/26/15 report, the patient complained of ongoing right shoulder pain at rest and with activity. The patient is taking medications and participating in physical therapy. Physical examination was remarkable for full active and passive range of motion to the right shoulder with mildly positive impingement, moderate scapular dyskinesia and 4/5 supraspinatus strength. ODG recommends Static progressive stretch (SPS) therapy to increase range of motion in patients with adhesive capsulitis. However, this patient has full range of motion. The patient does not meet the indication for SPS therapy and therefore, this request is not medically necessary.