

Case Number:	CM15-0177948		
Date Assigned:	09/18/2015	Date of Injury:	06/27/2014
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on 06-27-2014. Current diagnoses include right shoulder impingement syndrome, status post right shoulder arthroscopy on 04-24-2015. Report dated 07-30-2015 noted that the injured worker presented with complaints that included improved right shoulder about 40% after surgery. It was documented that the injured worker has residual pain, limited motion and function. Other complaints included frequent paresthasias right hand digits, dropping things, and right sided neck pain. Pain level was not included. Physical examination performed on 07-30-2015 revealed decreased right shoulder range of motion and strength, positive Tinel's and Phalen's on right, and negative on the left. Previous treatments included medications, surgical intervention, acupuncture, and physical therapy. The treatment plan included completing remaining physical therapy and progress to a home exercise program, the treating physician agreed with the physical therapist in regards to the a trial of a shoulder Flexionator to improve range of motion, recommendation for nerve studies of the upper extremities, and return to office in 4-6 weeks. Physical therapy progress report dated 07-23-2015 documented that the injured worker's range of motion is getting better, but pain is getting worse. Recommendation included shoulder Flexionator to improve range of motion secondary to difficulty performing progressive exercises due to pain. Request for authorization dated 07-27-2015, included requests for ERMI shoulder Flexionator. The utilization review dated 08-11-2015, non-certified the request for ERMI shoulder Flexionator (3 X day x 30 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

ERMI Shoulder Flexionater 3 x day x 30 days: 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, Flexionators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Flexionators (extensionators).

Decision rationale: The claimant sustained a work injury in June 2014 and underwent right shoulder arthroscopic surgery in April 2015. When seen, there had been about 40% improvement after surgery. She was having residual pain with limited range of motion and difficulty with activities of daily living. Physical examination findings included decreased shoulder strength and range of motion. Right Tinel's and Phalen's testing was positive. Recommendations included progression towards a home exercise program. The claimant's physical therapist had recommended a trial of the requested device to improve range of motion. For the shoulder, the Flexionator is under study for adhesive capsulitis. More studies are needed to determine whether the use of this device improves outcomes compared with standard physical therapy or the natural history of adhesive capsulitis. Home use of a Dynasplint system as an alternative treatment for this condition in combination with physical therapy instruction in its use could be recommended. In this case, the claimant does not have a diagnosis of adhesive capsulitis. Her residual impairments can be treated through a home exercise program performed several times per day and including use of TheraBands and a home pulley system for strengthening and range of motion. This request is not considered medically necessary.