

<b>Case Number:</b>	CM15-0097727		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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. The injured worker was diagnosed as having traumatic right rotator cuff tear, adhesive capsulitis of right shoulder, right shoulder internal impingement and right shoulder contusion. Treatment to date has included right shoulder manipulation under anesthesia and intra-articular steroid injection, physical therapy, home exercise program and oral medications. Currently, the injured worker complains of continued right shoulder pain with limited range of motion. Physical exam noted tenderness to palpation over the supraspinatus, infraspinatus and subacromial regions with restricted range of motion. The treatment plan included refilling of Percocet and Naproxen, continuation of home exercise program and a JAS splint apparatus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Jas splint for the right shoulder - for 6 months rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, JAS splint.

**Decision rationale:** Pursuant to the Official Disability Guidelines, JAS (joint active system) splint right shoulder six-month rental is not medically necessary. JAS splint (static progressive stretch therapy) is recommended as an option for adhesive capsulitis. It uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractor joint and provide incremental tension in order to increase range of motion. In this case, the injured worker's working diagnoses are adhesive capsulitis right shoulder; and right shoulder internal impingement; and traumatic right rotator cuff tear. The injured worker underwent a right shoulder MUA (manipulation under anesthesia) and was provided with a JAS length. A progress note dated April 8, 2015 indicates the injured worker has been using the splint for approximately 2 weeks and has "been doing reasonably well". The treating provider requested an additional six-month rental with the JAS splint. Six months is an excessive period of time without periodic reevaluation. Utilization review physician initiated a peer-to-peer call with the treating provider who agreed a three-month reevaluation was appropriate. Consequently, absent clinical documentation of a clinical indication and rationale for a six month rental with documentation of a peer to peer conference with agreement by the treating provider at a three-month rental was appropriate, JAS (joint active system) splint right shoulder six month rental is not medically necessary.