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Date: 8/20/2018 11:57:43 AM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME: ERMI shoulder flexinator 30 days rental for the right shoulder, as outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnoses are documented as adhesive capsulitis of the right shoulder, low back pain, and pain in the right shoulder. The follow-up visit on XXXX, documented the patient has completed 10 sessions of physical therapy to the right shoulder. The patient still complained of right shoulder pain and a limited range of motion. The patient continued to complain of the lumbar spine pain with numbness with prolonged sitting. The patient has had an injection into the right subacromial space and the patient reported a decrease in overall pain levels. The patient was having soreness and a limited range of motion due to excessive edema to the right shoulder joint and general weakness with the right shoulder. The patient rated the current pain a 5-6/10 on visual analog scale and reported pain with movement or stretching of the arm. On physical examination of the right shoulder, the patient had a decreased range of motion with flexion at 150°, extension of 40°, abduction at 150°, and internal and external rotation was 85°. The patient had a painful right arc motion. This request is for a shoulder flexinator 30-day rental for treatment of right shoulder adhesive capsulitis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the provided documentation, the patient complained of continued right shoulder pain and limited range of motion. The patient rated the current pain about a 6/10 on visual analog scale reported pain with movement or stretching of the arm. It was documented the patient has completed 10 sessions of physical therapy to the right shoulder. This request was previously denied given a flexionator is not recommended as there were no high-quality evidence to document the efficacy of this type of treatment. The submitted documentation still did not provide any exceptional factors to support rental at this unit for this patient. As such, the medical necessity of this request was not established for this patient.

Based on the above documentation, the requested DME: ERMI shoulder flexinator 30 days rental for the right shoulder, as outpatient is not medically necessary, and the review outcome remains upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Shoulder Chapter, Flexionators (extensionators)