

<b>Case Number:</b>	CM13-0002726		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year old male with date of injury 7/23/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic right shoulder pain since the date of injury. He had arthroscopic surgery of the right shoulder with biceps tenodesis in 03/2013. He has also been treated with physical therapy, dynasplint use and medications. MRI of the right shoulder with arthrogram performed in 12/2012 revealed an infraspinatus tear as well as evidence of probable prior injury to the inferior labrum. Objective: decreased range of motion of the right shoulder. Diagnosis: status post right shoulder arthroscopic surgery with biceps tenodesis. Treatment plan and request: dynasplint rental x 5 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DYNASPLINT RENTAL FOR 5 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

**Decision rationale:** This 39 year old male has complained of chronic right shoulder pain since date of injury 7/23/2012. The patient has been treated with surgery, dynasplint use, physical therapy and medications. The current request is for additional use of dynasplint for 5 months. Per the ODG guidelines cited above, a dynasplint is recommended for adhesive capsulitis of the shoulder along with the use of home physical therapy. There is no documentation included in the available medical records to support a diagnosis of adhesive capsulitis nor is there a functional assessment or determination of functional response to the preceding use of the dynasplint. On the basis of this lack of documentation and per the ODG recommendations as cited above, Dynasplint use x 5 months is not indicated as medically necessary.