

<b>Case Number:</b>	CM13-0009313		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois and Texas. 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 physician 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 59-year-old female who reported a work related injury on 12/19/2011 after tripping on a plastic bag and injuring her right shoulder. The patient underwent right shoulder arthroscopic rotator cuff repair, AC joint resection, and labral debridement on 02/22/2013. The patient's diagnoses include rotator cuff syndrome, sprain/strain of rotator cuff, osteoarthritis of shoulder, and other affections of shoulder. The patient has undergone physical therapy sessions and a home exercise program. The request has been made for additional physical therapy 3x4 for the right shoulder and for DME: Dynasplint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Additional Physical Therapy 3 x 4 Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Physical therapy note dated 06/20/2013 stated the patient had completed 24 visits. Range of motion to right shoulder was noted as 150 degrees of flexion, 126 degrees abduction, 50 degrees external rotation, and internal rotation was less than 5 degrees. Active

range of motion flexion was 70 degrees and abduction was 40 degrees. The patient was noted to have limited right shoulder use to below chest level with up to 1 pound of lifting. The clinical note dated 07/15/2013 stated the patient was working hard with home exercise as she had not had therapy approved for more than 1 month. She continued with her home exercise program. Range of motion to right shoulder was 153 degrees abduction, 50 degrees adduction, 20 degrees internal rotation, 90 degrees external rotation, 50 degrees extension, and 135 degrees flexion. Right shoulder strength was noted as 4/5. It was noted the patient needed more physical therapy to supplement her home exercise to improve her strength. A Dynasplint was also recommended for the patient for internal rotation for 2 months. California Chronic Pain Medical Treatment Guidelines indicate 24 physical therapy visits over 14 weeks are recommended for the postsurgical treatment of rotator cuff syndrome/impingement syndrome. It is unclear how many physical therapy visits the patient has had to this date, per submitted documentation. There was no evidence given the patient would not be able to address her remaining deficits in her ongoing home exercise program. Guidelines further state use of a self-directed home exercise program will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. There were no exceptional factors noted for the patient to exceed the recommended guidelines. As such, the decision for Additional Physical Therapy 3 x 4 for Right Shoulder is non-certified.

**The request for DME: Dynasplint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Recent clinical documentation stated the patient needed more physical therapy to supplement her home exercise and had also been recommended a Dynasplint for internal rotation for 2 months since her internal rotation had not changed much in the past several months. Official Disability Guidelines indicate that static progressive stretch 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. Dynamic splinting devices for the knee, elbow, wrist, or finger are recommended as an adjunct to physical therapy with documented signs of significant motion stiffness/loss in the subacute injury or postoperative period, or in the acute postoperative period. Guidelines further state that prophylactic use of dynamic splinting is not recommended. Criteria for the use of static progressive stretch therapy include: joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, healing soft tissue that could benefit from constant low intensity tension, or used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The clinical documentation submitted for review does not meet guideline criteria for the use of static progressive stretch therapy. The patient's rotator cuff surgery was dated 02/22/2013, and she was not noted to have joint stiffness caused by immobilization or established contractures. The patient was also not recommended for additional physical therapy. Therefore, the decision for DME: Dynasplint is non-certified.

