

Case Number:	CM14-0000706		
Date Assigned:	02/10/2014	Date of Injury:	09/30/2010
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine and is licensed to practice in California. 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 has submitted a claim for s/p left shoulder revision surgery SAD and extensive intra-articular debridement (09/25/2013) associated with an industrial injury date of September 30, 2010. Treatment to date has included oral analgesics, physical therapy and left shoulder surgeries. Medical records from 2013 were reviewed and showed that the patient was diagnosed with left shoulder rotator cuff tear s/p left shoulder arthroscopy with subacromial decompression (5/3/2011), s/p left shoulder revision surgery SAD and extensive intra-articular debridement (09/25/2013). Physical examination of the left shoulder showed tenderness and restrictive ROM. The patient is currently undergoing physical therapy sessions. A JAS splint x 1 month rental for the left shoulder was requested; however the indication for which was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS SPLINT X 1 MONTH RENTAL- LEFT SHOULDER: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Dynasplint System.

Decision rationale: CA MTUS does not address this topic. ODG, Shoulder Chapter was used instead. ODG recommends use of Dynasplint system as an option for adhesive capsulitis, in combination with physical therapy instruction. This may be an effective adjunct home therapy for adhesive capsulitis, combined with physical therapy. In this case, there was no established diagnosis of adhesive capsulitis in this patient. Recent physical exam findings did not distinguish between limitations in active and passive ROM. There is no indication for the use of this device in this patient based on guidelines recommendations. Therefore, the request is not medically necessary..