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| Case Number: | CM14-0004866 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 10/20/2011 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 Anesthesiology, has a subspecialty in Pain 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:

This is a 39-year old female with a 10/20/2011 date of injury. She is a visual merchandiser and reports a right arm and neck injury due to lifting and moving items on the floor. On the 8/15/13, she had right shoulder debridement and capsular release. Her complaints were pain in the shoulder, numbness in the arm and hand (nerve block), and swelling in the arm and hand. She presented on 12/10/2013 for a post operative examination 2 months after her right shoulder arthroscopy with MUA and capsular release. Despite physical therapy, she still gets pain, but is feeling much improved. She has right shoulder flexion to 140 degrees, external rotation to 55. The request for dynasplint for shoulder on 12/17/2013 was modified for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT: Upheld

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

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

Decision rationale: CA MTUS does not address this issue. ODG recommends dynasplint home use as an option for adhesive capsulitis, in combination with physical therapy instruction. The

patient presents with postoperative shoulder pain, even though she had 30 sessions of physical therapy. Her condition improved, however, she still reports pain with any new exercise. Objective findings demonstrate her right shoulder flexion to 140 degrees, external rotation to 55 degrees. However, the physical exam did not distinguish between limitations in active and passive ROM. In addition, the patient was not diagnosed with adhesive capsulitis. Furthermore, there is documentation of a previous modified certification that provided for an 8 week dynasplint rental, the maximum duration recommended by ODG. Therefore, the request as submitted for Dynasplint was not medically necessary.