MAXIMUS Federal Services

Case Number:	CM14-0006546		
Date Assigned:	03/03/2014	Date of Injury:	10/17/2012
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation, 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 is a 38-year-old male who has submitted a claim for left rotator cuff sprain/strain, osteoarthritis shoulder region, and adhesive capsulitis status post left shoulder arthroscopy and correction associated with an industrial injury date of October 17, 2012.Medical records from 2012-2014 were reviewed. The patient complained of left shoulder pain. He underwent left shoulder arthroscopy and correction on January 7, 2014. Patient claimed that it has been 10 years since he has had such good range of motion. Most recent physical examination showed tenderness of the left acromioclavicular joint.160 degrees active forward flexion, 160 degrees active abduction. There was crepitus noted in abduction. There was 5 degrees internal rotation contracture. There was pain at all end ranges. MRI of the left shoulder, dated February 15, 2013, revealed possible tear at the base of the posterior labrum with 5.5mm cystic changes noted peripherally. Treatment to date has included medications, physical therapy, home exercise program, activity modification, right knee surgery, left wrist surgery, and left shoulder surgery.Utilization review, dated January 13, 2014, modified the request for rental of shoulder dynasplint for three (3) months to rental of shoulder dynasplint for two (2) months. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF SHOULDER DYNASPLINT FOR THREE MONTHS: 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 Official Disability Guidelines (ODG)Shoulder Chapter, Dynasplint system.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (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, Dynasplint was requested on September 16, 2013 to be used at home to regain his left glenohumeral joint range of motion. In addition, the patient was diagnosed with adhesive capsulitis of the left shoulder. However, left shoulder arthroscopy with middle glenohumeral ligament release and arthroscopic subacromial decompression with minicoplanar claviculoplasty was done on January 7, 2014. This operation provided significant improvement in his range of motion corroborated by physical examination findings. Furthermore, the patient has already finished his formal physical therapy sessions. The medical necessity of the present request has not been established. Therefore, the request for rental of shoulder dynasplint for three months is not medically necessary and appropriate.