

Case Number:	CM14-0007767		
Date Assigned:	02/07/2014	Date of Injury:	04/19/2012
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery, and is licensed to practice in 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 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 injured worker is a 56-year-old male who reported an injury on 04/19/2012. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder full thickness tear of the supraspinatus and infraspinatus tendon, right shoulder postoperative arthroscopy with repair of the rotator cuff tendon on 10/08/2012, right shoulder postoperative adhesive capsulitis, left shoulder full thickness tear of the distal supraspinatus tendon with retraction, left shoulder arthroscopic rotator cuff repair on 08/05/2013, and right middle finger stenosing tenosynovitis. The injured worker was evaluated on 12/04/2013. It is noted, the injured worker completed 12 out of 12 sessions of physical therapy for the left shoulder. Current medications include Norco, Ibuprofen, and Hydrocodone. The injured worker reported persistent pain in bilateral shoulders with reduced range of motion. Physical examination revealed tenderness to palpation of the anterior aspect of the right shoulder, painful range of motion, and positive Neer and Hawkins sign. Examination of the left shoulder also revealed tenderness to palpation with positive Neer and Hawkins sign. Treatment recommendations at that time included authorization for a DynaSplint for 2 months for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT FOR 2 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: Official Disability Guidelines recommend home use of a DynaSplint system as an option for adhesive capsulitis, in combination with physical therapy instruction. The injured worker does maintain a diagnosis of right shoulder postoperative adhesive capsulitis; however, the current request for a DynaSplint system for bilateral shoulders cannot be determined as medically appropriate. The injured worker does not maintain a diagnosis of adhesive capsulitis of the left shoulder. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary and appropriate.