

Case Number:	CM14-0128282		
Date Assigned:	08/15/2014	Date of Injury:	07/16/2012
Decision Date:	09/12/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Osteopathic Family Practice 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 62-year-old female with a date of injury on 7/16/12. She underwent arthroscopic surgery for right shoulder impingement syndrome and rotator cuff tear on 8/21/13. She is currently diagnosed with frozen shoulder. The patient was seen on 5/13/14 at which time she complained for more soreness than pain. The patient reports weakness in the outer ranges of motion. She notes over use of arm/shoulder and after home Physical Therapy (PT) increases pain. She complained of pain and stiffness. She lacks 15 degrees range of motion (ROM). She has had 29/29 sessions of PT and needs more PT to increase ROM. Eight more sessions of PT is requested for diagnoses of early frozen shoulder. The patient was seen on 6/17/14 with 1/10 pain. It is noted that PT has not been authorized. The patient is working light duty. The patient lacks 10 percent ROM. UR dated 7/30/14 denied the request for Dynasplint. The prior peer reviewer reviewed the 5/13/14 and 6/17/14 report and noted that the criteria for Dynasplint have not been met. The peer reviewer noted that on exam, the patient lacks 10 degrees of ROM. The peer reviewer noted, "this request is not medically reasonable for necessary, at this time as non-applicability to a prescribed and self-administered protocol is not evident." The report on 9/2/14 (PR-2) notes that the patient has less 10 degrees ROM. The patient is awaiting Dynasplint and was PT was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint Qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online - Dynasplint system.

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.

Decision rationale: According to ODG, Dynasplint system is recommended home use as an option for adhesive capsulitis, in combination with physical therapy instruction. This trial concluded that use of the shoulder Dynasplint System may be an effective adjunct "home therapy" for adhesive capsulitis, combined with Physical Therapy (PT). In this case, the patient is status post-surgical intervention one year ago and has now developed frozen shoulder. She has completed physical therapy treatments. At this time, the request for Dynasplint is supported to increase her ROM to allow her to continue working and to avoid future procedures such as Manipulation under Anesthesia (MUA). The request for Dynasplint is medically necessary.