MAXIMUS Federal Services

Case Number:	CM14-0142285		
Date Assigned:	09/10/2014	Date of Injury:	03/07/2005
Decision Date:	11/04/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Pain Management 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 52 years old female with an injury date on 03/07/2005. Based on the 07/14/2014 progress report provided by [redacted] , the diagnoses are:1. Industrial injury to the right shoulder on March 7, 20052. Rotator cuff repair in 20063. Right shoulder status post surgery in September 2011 with revision in July 2013.4. Carpal tunnel release to the right hand in 2003 and trigger finger release.5. Previous glenohumeral Kenalog injection under fluoroscopic guidance with no long-term relief of symptoms and subacromial injection with no relief.According to this report, the patient complains of right shoulder pain. Range of motion of the right shoulder is "severe decreased;" forward flexion and abduction to 90 degrees, internal rotation is 50 degrees, and external rotation 30 degree. The 06/23/2014 report reveals a "well-healed scar, 5 arthroscopies, 1open anterior." Tenderness is noted at the right scapulae, long head biceps, rotator cuff, the acromioclavicular joint, and the anterior/posterior shoulder. Decrease touch sensation is noted in the right upper extremity. Motor exam shows decreased strength in the right upper extremity. There were no other significant findings noted on this report. The utilization review denied the request on 07/28/2014. [redacted] is the requesting provider, and he provided treatment reports from 01/08/2014 to 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyna splint, right shoulder x 3 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute LLC, Corpus Christi TX, Section Shoulder (Acute & Chronic) updated 04/25/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter, Static progressive stretch (SPS) therapy

Decision rationale: According to the 07/14/2014 report by [redacted] this patient presents with right shoulder pain. The provider is requesting Dyna splint, right shoulder x3 month rental but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "not substantiated at this time as there is a concurrent request for MRI of the right shoulder to further asses the pathology in the shoulder joint." The MTUS and ACOEM guidelines do not address Dyna Splint. However, the ODG guidelines support it up to 8 weeks if indicated with joint stiffness caused by immobilization, established contractures. It is also recommended following joint replacement surgery. Review of reports show that the patient has joint stiffness and has had a revision surgery but not shoulder replacement. The patient has 90 degrees of flexion/abduction as well. ODG supports Dyna splint for up to 8 weeks following shoulder replacement and for severe stiffness. The provider has asked for 3 months which exceeds what is allowed even if it was indicated. Recommendation is for denial.