

Case Number:	CM14-0179590		
Date Assigned:	11/04/2014	Date of Injury:	11/29/2012
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 injured worker is a 48-year-old male who reported an injury on 11/29/2012 due to an unknown mechanism. The injured worker had right shoulder arthroscopic surgery on 11/29/2012 and left shoulder arthroscopic surgery on 11/12/2013. The physical examination on 08/27/2014 revealed that the injured worker was status post left shoulder arthroscopic capsular release subacromial decompression with coplanar clavicular plasty. The injured worker was having problems with stiffness but felt it was improving with a home exercise program and the use of a Dynasplint. The injured worker was working modified duty with no repetitive overhead work and no lifting greater than 25 pounds for the left upper extremity. The examination revealed the neck examination was within normal limits. There was a negative Spurling's. The left shoulder demonstrated active forward flexion was to 160 degrees and passive forward flexion was to 170 degrees. The injured worker had mild impingement and mild painful arc. There was a negative acromioclavicular and sternoclavicular joint tenderness upon palpation. The rotator cuff testing was 5/5. It was reported that the stiffness was resolving. The diagnoses were other affections of shoulder region, not elsewhere classified; adhesive capsulitis of the shoulder; and rotator cuff sprain/strain. Medications were Anaprox 550 mg 1 tablet twice a day with meals. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint for the Left Shoulder x1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Dynasplint System

Decision rationale: The decision for Dynasplint for the left shoulder times 1 is medically necessary. The Official Disability Guidelines state that the "Dynasplint system is recommended for home use as an option for adhesive capsulitis, in combination with physical therapy instruction." This trial concluded that use of the shoulder Dynasplint system maybe be an effective adjunct home therapy for adhesive capsulitis, combined with physical therapy. The protocol of using low load prolonged duration stretch, combined with the therapeutic principle of increased time at end range allows the patient to reduce contracture by achieving permanent elongation of connective tissue. The injured worker has a diagnosis of adhesive capsulitis of the shoulder. The injured worker was given a prescription for physical therapy 2 to 3 times per week for 3 to 4 weeks. The injured worker is on modified duty with no lifting greater than 25 pounds. The injured worker is taking Anaprox 550 mg 1 twice a day. The medical guidelines recommend the use of a Dynasplint for adhesive capsulitis. Based on the documentation submitted for review, this request is medically necessary.