

Case Number:	CM14-0040897		
Date Assigned:	06/30/2014	Date of Injury:	07/26/2012
Decision Date:	10/27/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 7/26/2012. Per office visit dated 1/13/2014, the injured worker has ongoing pain, stiffness, weakness, and limited range of motion in his left shoulder. He had left shoulder arthroscopy on 3/4/2013 followed by 20 session of physical therapy. His pain has returned and is rated as constant 6/10 with severe intermittent flare ups to 9/10. On examination the left shoulder demonstrates active forward flexion to 150 degrees, passive to 170 degrees. Active abduction 110 degrees. Internal rotation is 20 degrees. He has positive painful arc motion and positive impingement. There is no AC and SC joint tenderness to palpation. Rotator cuff testing is 5/5 except supraspinatus isolation is 4+/5. Impression is status post left shoulder surgery on 3/4/2013 with persistent impingement symptomatology, postoperative arthrofibrosis, with possible rotator cuff tear. Diagnoses include 1) other affections shoulder region 2) adhesive capsulitis of shoulder 3) rotator cuff sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME SHOULDER (3 MONTH RENTAL OF ONE DYNASSPLINT FOR THE LEFT SHOULDER): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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 section

Decision rationale: The MTUS Guidelines does not address the use of the Dynasplint system. Per ODG, the Dynaspint system is recommend for home use as an option for adhesive capsulitis, in combination with physical therapy instruction. Use of the shoulder Dynasplint System () may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. 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 protocol of increasing total end range time has been shown to be beneficial, despite the cause of contracture in the shoulder joint. This is the protocol used with the Dynasplint and a biomechanically correct device was developed to utilize a low-load prolonged-duration stretch with dynamic tension to reduce contracture of the elbow and knee joints. This stretching protocol allows patients to stretch in flexion, abduction, external, or internal rotation. Per the requesting physician, the Dynasplint is ordered for the injured worker's use to hopefully regain range of motion in the left shoulder and prevent the need for future arthroscopic capsular release. The injured worker has been using the Dynasplint in physical therapy for two weeks with improved range of motion. Medical necessity of this request has been established. The request for DME Shoulder (3 month rental of one DYNASSPLINT for the Left Shoulder) is medically necessary.