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| Case Number: | CM14-0044886 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 10/12/2007 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/13/2014 |

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 Family 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:

The patient is a 55 year-old woman who was injured at work on 10/12/2007. The injury specific to this appeal involved her shoulder. She is requesting an appeal for denial of the Dynasplint X 3 Months for the Right Shoulder. Medical records are included and corroborate ongoing care for problems involving her right shoulder. She is status-post arthroscopic surgery of the right shoulder with rotator cuff repair on 12/1/2011 and a revision of the surgery on 10/1/2013. Additional treatment has also included Completion of Physical Therapy, a Home Exercise Program, an H-Wave Unit, and analgesic medication to include NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint x 3 months for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Disorders, Dynasplint.

Decision rationale: The medical records indicate that the patient has completed a physical therapy program, has achieved a functional range of motion and continues to perform a home exercise program for her shoulder. The Official Disability Guidelines comments on the criteria of a Dynasplint system. These guidelines recommend its use as an option for adhesive capsulitis in combination with physical therapy instruction. This trial concluded that use of the shoulder Dynasplint System [REDACTED] may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009) 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. The medical records are insufficient to determine whether the patient meets diagnostic criteria for adhesive capsulitis. The MTUS/ACOEM Guidelines, Table 9-2 (Diagnostic Criteria for Non-Red Flag Shoulder Conditions) state that the diagnosis of adhesive capsulitis is associated with unique symptoms (night pain in the shoulder joint and lack of range of motion) and unique signs (limited passive range of motion). While the patient describes night pain, there is no evidence to support lack of range of motion or limited passive range of motion. In summary, the medical records provide insufficient evidence that the patient's shoulder condition is from adhesive capsulitis. Further, the patient has already completed a course of physical therapy and is involved in a home exercise program. The Official Disability Guidelines require that the Dynasplint system be used for adhesive capsulitis and in conjunction with physical therapy. Under these conditions, Dynasplint is not medically necessary treatment.