

Case Number:	CM14-0072974		
Date Assigned:	07/16/2014	Date of Injury:	11/29/2012
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery 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:

This 48-year-old male tractor driver sustained an industrial injury on 11/29/12. Injury occurred when the tractor he was operating slipped into a pit. The patient underwent left shoulder arthroscopic capsular release and subacromial decompression on 11/12/13. He completed 32 post-op physical therapy visits. The 5/6/14 treating physician report cited moderate left shoulder pain with range of motion. He had completed physical therapy and was performing home exercise daily. He was working modified duty. Left shoulder exam findings documented active abduction to 105 degrees with moderately painful arc of motion and painful endpoint. Active forward flexion was documented to 175 degrees with painful arc of motion. There was an internal rotation contracture proximal to 5 degrees. Rotator cuff strength was 5/5. The patient was doing moderately well status post left shoulder arthroscopy with post-operative arthrofibrosis. Additional formal physical therapy had been denied. Based on continued range of motion limitations and absent formal physical therapy, 3 to 4 months of Dynasplint therapy was recommended to regain full range of motion and reduce symptoms. The 5/13/14 utilization review modified the request for 3 to 4 months use of the Dynasplint system and approved 2 months use noting the need for functional assessment prior to additional use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint x 3-4 months.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES 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 California MTUS are silent regarding the use of a Dynasplint. The Official Disability Guidelines recommend the home use of a Dynasplint system for adhesive capsulitis, in combination with physical therapy instruction. Guideline criteria have been met for use of the Dynasplint system. Clinical findings document severe arthrofibrosis with limited abduction and significant internal rotation contracture. The 5/13/14 utilization review partially certified the Dynasplint system for 2 months to assess functional benefit. There is no compelling reason to support the medical necessity of the Dynasplint system beyond the 2 months previously certified and absent documented objective functional benefit to initial use. Therefore, this request for Dynasplint x 3-4 months is not medically necessary and appropriate.