

Case Number:	CM14-0102887		
Date Assigned:	07/30/2014	Date of Injury:	04/12/2012
Decision Date:	01/14/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 45 year old female with a date of injury of 04/12/2012. On 05/28/2014 it was noted that she was four months since her right labral repair (The repair was on 01/16/2014). She was having physical therapy and had a Dynasplint at home. She still had right wrist and elbow pain. Right wrist range of motion was normal. She had decreased right hand grip. She had mild right elbow tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Rental Dynasplint System June and July: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christ,TX; Section:Shoulder (Acute & Chronic) (Updated 4/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Shoulder Dynasplint

Decision rationale: ODG 2014 edition Shoulder Dynasplint notes, "Recommend home use as an option for adhesive capsulitis, in combination with physical therapy instruction. This trial

concluded that use of the shoulder Dynasplint System (Dynasplint Systems, Inc., Severna Park, MD) 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." There is no documentation that the patient had adhesive capsulitis or contracture. The request is not medically necessary.