

<b>Case Number:</b>	CM14-0103269		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 11/5/13 date of injury, and left shoulder arthroscopy and labral repair on 3/20/14. At the time (5/15/14) of request for authorization for dynasplint rental x3 months, left shoulder, there is documentation of subjective (left shoulder pain with stiffness) and objective (limited left shoulder range of motion) findings, current diagnoses (partial left shoulder rotator cuff tear), and treatment to date (medications). There is no documentation of adhesive capsulitis; and that dynasplint is used in combination with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Dynasplint Rental x3 Months, Left 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 (ODG): Knee Chapter - Passive Motion Devices: Articles; Early results of continuous passive motion after rotator cuff repair: a prospective, randomized, blinded, controlled study - Raab MG1, Rzeszutko D, O'Connor W, Greatting MD., Continuous passive motion after repair of the rotator cuff. A prospective outcome study. Lastayo PC1, Wright T, Jaffe R, Hartzel J., Willis B, Neffendorf C, Gaspar P "Device and Physical Therapy Unfreeze

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

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of adhesive capsulitis, in combination with physical therapy, as criteria necessary to support the medical necessity of shoulder Dynasplint. Within the medical information available for review, there is documentation of diagnoses of partial left shoulder rotator cuff tear. However, there is no documentation of adhesive capsulitis; and that dynasplint is used in combination with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for dynasplint rental x3 months, left shoulder is not medically necessary.