

Case Number:	CM14-0185378		
Date Assigned:	11/13/2014	Date of Injury:	05/12/2010
Decision Date:	03/13/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51-year-old female who reported an injury on 05/12/2011. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with pain in a joint involving the shoulder region. On 08/02/2014, the injured worker underwent an MRI of the right shoulder, which revealed mild subacromial bursitis and minimal anterior insertional tendinosis of the supraspinatus tendon with mild synovitis at the AC joint and a type 1 acromion. The injured worker presented on 09/30/2014. It was noted that the injured worker had not received approval for a right shoulder diagnostic and operative arthroscopy. The injured worker was yet to schedule this procedure; however, there was confusion regarding the need for a Dynasplint for the right shoulder. The provider felt it would be appropriate, given that the injured worker had limited mobility on the visit dated 09/09/2014. The Dynasplint was ordered for use prior to a diagnostic and operative arthroscopy to ensure that the injured worker regains full mobility. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Rental of a Dyna Splint for the Right Shoulder, 6 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 (ODG), Shoulder Chapter, Dynasplint System

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.

Decision rationale: The Official Disability Guidelines recommend a Dynasplint system as an option for adhesive capsulitis in combination with physical therapy instruction. While it is noted that the injured worker has limited mobility, there is no evidence of adhesive capsulitis. It is also noted that the injured worker is pending authorization for a right shoulder arthroscopy. Given the above, the request is not medically appropriate at this time.