MAXIMUS Federal Services

Case Number:	CM14-0188974		
Date Assigned:	11/19/2014	Date of Injury:	09/01/2013
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 09/01/13. Based on 10/07/14 progress report, the patient is status post left shoulder diagnostic and operative arthroscopy with rotator cuff repair on 02/07/14. Physical examination of the left shoulder reveals forward flexion of 165 degrees and abduction of 100 degrees with stiffness in end range motion. As per progress report dated 08/12/14, the patient has pain in left shoulder with overhead activities as well. As per progress report dated 08/01/14, the patient has pain in back and buttocks. Pain is worse on the right than left. As per progress report dated 07/02/14, the patient tends to lean forward and has decreased range of motion around the lumbar spine. The patient has completed 24 sessions of post-operative physical therapy but continues to have limited mobility and strength, as per progress report dated 10/07/14. The patient also received Kenalog injection to the bicipital groove on 06/24/24, as per the same progress report. He received Kenalog injection to the subacromial space for the left shoulder on 10/07/14. The patient received right L4-5 ESI "two weeks ago," as per progress report dated 09/05/14. Medications, as per the physical therapy report dated 04/15/14, include Advair and Ibuprofen. Patient has been released to restricted duty at work, as per progress report dated 10/07/14.MRI of the Lumbar Spine, as per progress report dated 08/01/14: Multi-level degenerative changes with significant stenosis at L4-5.Assessment for 10/07/14 indicates the following:- Industrial injury to the left shoulder on 09/01/13- Status post left shoulder diagnostic and operative arthroscopy, decompression, acromioplasty, Mumford procedure, debriment of the biceps tendon, and arthroscopic repair on 02/07/14.- Post Kenalog injection to bicipital groove, 0624/14The treater is requesting for Dyna Splint, Rental For Six Weeks For The Left Shoulder. The utilization review determination being challenged is dated

10/14/14. There was "partial certification of Dynasplint rental for left shoulder X 4 weeks only." Treatment reports were provided from 05/13/14 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyna Splint, rental for six weeks for the left shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Static progressive stretch (SPS) therapy

Decision rationale: The patient is status post left shoulder diagnostic and operative arthroscopy with rotator cuff repair on 02/07/14. He is currently experiencing stiffness, limited range of motion, and reduced strength, as per progress report dated 10/07/14. The request is for Dyna Splint, Rental For Six Weeks For The Left Shoulder. ODG Guidelines, Shoulder (Acute & Chronic) chapter, Static progressive stretch (SPS) therapy state "A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization. 2. Established contractures when passive ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motionIn this case, the patient has undergone diagnostic and operative arthroscopy with rotator cuff repair for the left shoulder on 02/07/14. In progress report dated 10/07/14, the treater states that the patient "continues to have some limitations in his mobility and strength, specifically with abduction and external rotation at this time." The treater also states that the Dynasplint will "make sure that his abduction is back to normal limites." Since the ODG guidelines recommend use for up to eight weeks, the treater's request for 6 weeks appears reasonable. The request for Dyna Splint, rental for six weeks for the left shoulder is medically necessary and appropriate.