

Case Number:	CM14-0203091		
Date Assigned:	12/15/2014	Date of Injury:	03/30/2012
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 13, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for a Dynasplint apparently dispensed on June 12, 2014. The claims administrator stated that the request represented a request for usage of the Dynasplint between September and December 2014. Progress notes of October 23, 2014, October 21, 2014, August 3, 2014, and June 2, 2014 were referenced. The applicant subsequently appealed. On November 7, 2014, the attending provider noted that the applicant had a variety of comorbidities, including coronary artery disease, diabetes, and hypertension. The applicant was placed off of work, on total temporary disability, owing to ongoing shoulder complaints evident as of that point in time. On June 2, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was an insulin-dependent diabetic as of this point in time. Limited shoulder range of motion with flexion and abduction in the 90- to 120-degree range was noted. The attending provider suggested that the applicant employ a Dynasplint. On August 13, 2014, the applicant reported persistent complaints of shoulder and elbow pain. The applicant was awaiting cardiac and endocrine clearance before pursuing further shoulder surgery. Cyclobenzaprine and tramadol were dispensed. The applicant's work status was not clearly described. On October 22, 2014, the applicant was placed off of work, on total temporary disability, while cyclobenzaprine and tramadol were endorsed. The applicant's shoulder range of motion was not numerically detailed, although some sections of the note stated that the applicant's range of motion was restricted in all directions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder dynasplint rental for 3 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 Procedure Summary, Dynasplint system

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Dynasplint System topic.

Decision rationale: The request for continued usage of the Dynasplint via the proposed three-month rental is not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. While ODG's Shoulder Chapter Dynasplint topic does recommend usage of a Dynasplint in conjunction with physical therapy instructions for adhesive capsulitis, one of the diagnoses reportedly present here, the applicant has already used the Dynasplint for a span of several months, since June 2014. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement with earlier treatment. Significantly limited shoulder range of motion was noted in all directions on an office visit of October 22, 2014. The applicant was still off of work, on total temporary disability, as of that point in time. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the Dynasplint. Therefore, the request for further usage of the Dynasplint is not medically necessary.