

Case Number:	CM14-0204397		
Date Assigned:	12/16/2014	Date of Injury:	03/29/2014
Decision Date:	02/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 injured worker is a 52 year old male who had a work related injury as a police officer on 03/29/2014. Per the note dated 11/17/2014, he presented for orthopedic re-evaluation of the left shoulder. He is status post left shoulder diagnostic and operative arthroscopy with decompression, acromioplasty, debridement and Mumford procedure on 08/15/2014. Twenty two sessions of physical therapy have been completed with two remaining. He reports doing better but still experiencing some limited mobility and weakness. Physical examination noted well healed arthroscopic portals, forward flexion is 150 degrees with stiffness felt at end ranges of motion and abduction is to 140 degrees with intense stiffness at end ranges of motion. Internal rotation is to the SI joint and strength is noted to be 4/5. The orthopedist recommended he complete the two remaining sessions of physical therapy and recommended a Dyna splint to ensure that he does not develop adhesive capsulitis as he is extremely stiff at end ranges of motion and forward flexion and his abduction is limited as well as his internal rotation. He is to be put on restricted duty as of 12/02/2014. The Utilization Review dated 12/03/2014 non-certified a Dyna splint for the left shoulder: 3 month rental. Per the UR, Official Disability Guidelines recommend home use of the Dyna splint system as an option for adhesive capsulitis, in combination with physical therapy. The UR stated that the submitted medical records make no indication of restricted external rotation of the injured worker's left shoulder and that there is lack of clinical indications to support a diagnosis of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month rental : Dynasplint for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-214. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Frozen shoulder (adhesive capsulitis).

Decision rationale: The request in this injured worker with chronic pain is for a dyna-splint to prevent adhesive capsulitis in his left shoulder after surgery. He is receiving concurrent physical therapy and is reported to be 'doing a lot better'. The records document a physical exam with stiffness at end range of motion but there is no clinical diagnosis of adhesive capsulitis to medically justify the use of a dyna splint in addition to physical therapy, just three months after surgery. The medical necessity of a dyna splint for the left shoulder is not substantiated in the records.