

Case Number:	CM14-0064754		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2012
Decision Date:	01/08/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine and Rehabilitation 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 injured worker has a date of injury 9/12/12. She has been treated for right shoulder biceps tendinosis and is status post rotator cuff repair and subacromial decompression surgery with residual stiffness . Physical exam findings report unchanged shoulder range of motion in all planes and 4+/5 rotator cuff strength. Treatment has included physical therapy following rotator cuff repair surgery and subsequent use of a Dynasplint- only 1 physical therapy visit was completed secondary to medically complications. Request is being made for a completion of physical therapy and three-month rental of Dynasplint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 3 month Dynasplint rental: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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.

Decision rationale: The injured worker is being treated for a stiff right shoulder following decompression and rotator cuff repair surgery. Request for Dynasplint has been denied by

utilization reviewed secondary to lack of functional improvement with prior usage of the Dynasplint. Records indicate an apparent delay in shoulder rehabilitation secondary to medical issues. Records indicate slight improvement in shoulder flexion and unchanged internal/external rotation and extension. Official disability guidelines recommends Dynasplint system in combination with physical therapy instruction for adhesive capsulitis to reduce joint contracture. There is adequate documentation of prevention of joint contracture, report of compliance and no complications. Additional physical therapy is planned which will allow instruction on proper utilization of Dynasplint. 3 months of continued use of Dynasplint along with physical therapy is consistent with Official Disability Guidelines, therefore the request is medically necessary.