MAXIMUS Federal Services

Case Number:	CM15-0002368		
Date Assigned:	01/13/2015	Date of Injury:	08/06/2013
Decision Date:	03/11/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on 8/6/13. She has reported neck pain. The diagnoses have included shoulder acromioclavicular joint arthritis, shoulder arthralgia; bicipital tendon rupture and shoulder sprain/strain rotator cuff. Treatment to date has included medications and physical therapy. Currently, the IW complains of neck pain. Physical exam of 11/11/14notes limited range of motion of cervical spine soft tissue tightness and weakness of cervical muscles which has improved with physical therapy. On 12/17/14 Utilization Review non-certified additional physical therapy 2-3 times per week, noting the IW has a long standing injury and has completed 42 sessions of physical therapy, she should be able to continue active therapies at home in order to maintain improvement levels. The MTUS, ACOEM Guidelines, (or ODG) was cited. Utilization Review non-certified an abduction splint/brace for the right shoulder, noting she is already using abduction brace and it is not elaborated on why she has maximized its use or how a new brace would benefit her. On 12/31/14, the injured worker submitted an application for IMR for review of additional physical therapy 2-3 times per week and abduction splint/brace for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction splint/brace for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Dynasplint system, Static Progressive Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Static progressive stretch (SPS) therapy, Dynasplint system

Decision rationale: Regarding the request for abduction splint/brace, CA MTUS does not address the issue. ODG does support some types of splinting in the management of adhesive capsulitis such as Dynasplint and static progressive stretch therapy. Within the documentation available for review, the patient is noted to have adhesive capsulitis and use of the current splint was said to be maximized, but there is no further rationale identifying why the current splint is no longer useful to the patient, what specific type of splint is now needed, and why the patient requires further use of such equipment rather than transition to independent home exercise. In the absence of clarity regarding the above issues, the currently requested abduction splint/brace is not medically necessary.

Additional Physical Therapy, 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for abduction splint/brace, CA MTUS does not address the issue. ODG does support some types of splinting in the management of adhesive capsulitis such as Dynasplint and static progressive stretch therapy. Within the documentation available for review, the patient is noted to have adhesive capsulitis and use of the current splint was said to be maximized, but there is no further rationale identifying why the current splint is no longer useful to the patient, what specific type of splint is now needed, and why the patient requires further use of such equipment rather than transition to independent home exercise. In the absence of clarity regarding the above issues, the currently requested abduction splint/brace is not medically necessary.