

<b>Case Number:</b>	CM15-0130557		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47-year-old female who reported an industrial injury on 4/20/2014. Her diagnoses, and or impression, were noted to include: para-scapular myofascial pain; biceps tendinitis; right shoulder bursitis pain, status-post arthroscopy with decompression on 1/26/2014 with post-operative right shoulder adhesive capsulitis. Magnetic resonance imaging studies of the right shoulder were stated to be done on 5/27/2014; with x-rays of the right shoulder on 1/29/2015. Her treatments were noted to include surgery; physical therapy; injection therapy; medication management; and rest from work before returning to modified duties. The progress notes of 6/4/2015 reported continued right shoulder pain. Objective findings were noted to include "GH60 Ader 15"; a well-healed scar; restricted range-of-motion; and positive Neer's and Hawkins signs. The impression was for new-onset right shoulder adhesive capsulitis. The physician's requests for treatments were noted to include the rental of a Dyna-Splint for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynasplint:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 1.

**Decision rationale:** According to the guidelines, Dynasplint is indicated for improving range of motion. According to the guidelines, range of motion is recommended but not necessary if active range of motion is normal. Continuous passive motion is recommended for adhesive capsulitis. In this case, the claimant had symptoms consistent with impingement rather than adhesive capsulitis. As a result the request for Dynasplint is not medically necessary.