MAXIMUS Federal Services

| Case Number: | CM15-0135903 | | |
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| Date Assigned: | 07/23/2015 | Date of Injury: | 11/18/2011 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

## 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 was a 43-year-old female, who sustained an industrial injury, November 18, 2011. The injured worker previously received the following treatments physical therapy for the lumbar spine, right shoulder MRI, Dynasplint rental for thirty days, EMG (electro diagnostic studies) which showed bilateral carpal tunnel, developed adhesive capsulitis in the right shoulder, status post subacromial Kenalog injection to the right shoulder February 18, 2015, right shoulder physical therapy, Prilosec, Ibuprofen, Celebrex, Hydrocodone, Tizanidine, Flector 6 session of physical therapy for the right shoulder and 19 session of physical therapy for the lumbar spine. The injured worker was diagnosed with right shoulder arthroscopic surgery on November 15, 2013, lumbago, lumbar spine with multilevel degenerative disc disease at L4-S, cervical spine with multilevel degenerative disc disease, status post right shoulder surgery on November 15, 2013, right knee MRI showing medial meniscus tear, Left shoulder MRI showing partial rotator cuff tear with impingement, bilateral carpal tunnel and adhesive capsulitis in the right shoulder. According to progress note of May 13, 2015, the injured worker's chief complaint was right shoulder pain. The injured worker had arthroscopic surgery on November 15, 2013, and remains symptomatic with more pain and discomfort. The physical exam noted forward flex and abduction were 0-100 degrees. There was stiffness and pain at the end ranges of motion. The treatment plan included an additional 60-day rental for Dynaspint for the right shoulder for a total of 90 days. A progress report dated June 24, 2015 identifies right shoulder range of motion, which is nearly normal. A utilization review determination dated June 18, 2015 recommends certification for 30 additional days of Dynasplint rental for a total of 60 days. A progress report dated February 2015 shows decreased range of motion in the shoulder from 0 to 85°. Internal rotation cannot be attempted because of stiffness and pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 60 day rental of a Dynasplint rental for the right shoulder, for 90 days total:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder Chapter, and Static Progressive Stretch (SPS) Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Static progressive stretch (SPS) therapy.

**Decision rationale:** Regarding the request for Additional 60 day rental of a Dynasplint rental for the right shoulder, for 90 days total, California MTUS does not address the issue. ODG states static progressive stretch therapy is recommended as an option for adhesive capsulitis. Within the documentation available for review, it appears that the patient had signs and symptoms of adhesive capsulitis. The most recent progress report seems to indicate that the patient's range of motion is now at near normal. It is unclear why additional Dynasplint use would be needed at the current time. In the absence of clarity regarding that issue, the currently requested Additional 60 day rental of a Dynasplint rental for the right shoulder, for 90 days total is not medically necessary.