

Case Number:	CM15-0169211		
Date Assigned:	09/09/2015	Date of Injury:	12/24/2013
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Georgia
 Certification(s)/Specialty: Anesthesiology, 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 57 year old female who sustained an industrial injury on 12-24-2013. Current diagnoses include right hand thenar atrophy, spinal stenosis in the cervical region, spasm of muscle, cervicgia, and pain in joint, shoulder region. Report dated 05-07-2015 noted that the injured worker presented for follow-up with no change in the current condition. The injured worker was last seen on 06-01-2015 and is still struggling. Physical examination revealed gross atrophy in the right upper extremity to the thenar eminence in the hand and decreased range of motion. The treating physician stated that the injured worker's "condition is unimproved." Previous treatments included medications, diagnostics, steroid injection, physical therapy, and surgical intervention on 03-10-2015. The injured worker has been using the Dynasplint since at least 05-2015. The treatment plan included continue use of Dynasplint for frozen shoulder, consult for hand atrophy, if no modified work is available then she will remain temporarily totally disabled, follow up in 3 weeks, and no change in medications. Request for authorization dated 07-13-2015, included a request for shoulder Dynasplint, 1 per month for 3 months. The utilization review dated 07-27-2015, non-certified the request for shoulder Dynasplint based on the following rationale. "There is no documentation to support significant functional improvement with the use of the Dynasplint. Range of motion appears to be decreasing."

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Shoulder Dynasplint for one month for 3 months for submitted diagnosis of joint shoulder pain as an outpatient (rental): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: DME: Shoulder Dynasplint for one month for 3 months for submitted diagnosis of joint shoulder pain as an outpatient (rental) is not medically necessary. The official disability guidelines states that DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. The request for shoulder dynasplint for one month for 3 months is not primarily or customarily used for a medical purpose. The medical records also lacks an appropriate rational for use of this equipment. The ODG states that in reference to orthotics that "early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process." The shoulder dynasplint would not seem to promote early independence or mobilization of the shoulder joint; therefore, the requested equipment is not medically necessary.