

Case Number:	CM15-0180548		
Date Assigned:	09/22/2015	Date of Injury:	06/15/2012
Decision Date:	11/25/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on 06-15-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for status post right elbow lateral epicondylar debridement with repair, history of right shoulder arthroscopy, status post left shoulder arthroscopic decompression, debridement, and rotator cuff repair, and persistent left shoulder symptoms with early adhesive capsulitis. Treatment and diagnostics to date has included left shoulder surgery (January 2015), physical therapy, steroid injection, and medications. Recent medications have included Tramadol and Omeprazole. Subjective data (08-11-2015), included pain and stiffness in left shoulder. Objective findings (08-11-2015) included well healed arthroscopic portals, intact skin and neurovascular examination, and forward flexion is 110 and abduction is 90. The treating physician noted that the left shoulder MRI showed "evidence of a rotator cuff repair with no evidence of recurrent tear". The Utilization Review with a decision date of 08-25-2015 non-certified the request for Dynasplint: one month rental extension (left shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint: one month rental extension (left shoulder): 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 - Dynasplint.

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/Dynasplint System Section.

Decision rationale: MTUS guidelines do not address the use of the Dynasplint system, therefore, alternative guidelines were consulted. Per the ODG, the Dynasplint is recommended for home use as an option for adhesive capsulitis, in combination with physical therapy instruction. This trial concluded that use of the shoulder Dynasplint System may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. The protocol of using low-load prolonged-duration stretch, combined with the therapeutic principle of increased time at end range allows the patient to reduce contracture by achieving permanent elongation of connective tissue. The protocol of increasing total end range time has been shown to be beneficial, despite the cause of contracture in the shoulder joint. This is the protocol used with the Dynasplint and a biomechanically correct device was developed to utilize a low-load prolonged-duration stretch with dynamic tension to reduce contracture of the elbow and knee joints. This stretching protocol allows patients to stretch in flexion, abduction, external, or internal rotation. In this case, the injured worker has already been using the Dynasplint system for the shoulder for 2 months and complains of pain and stiffness in the left shoulder. It does not appear that the injured worker is also participating in physical therapy, therefore, the request for Dynasplint: one month rental extension (left shoulder) is determined to not be medically necessary.