

Case Number:	CM13-0034797		
Date Assigned:	12/11/2013	Date of Injury:	11/06/2009
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Michigan, Nebraska, and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who reported a work related injury on 11/06/2009 as the result of cumulative trauma to the cervical spine, right shoulder, lumbar spine, and bilateral knees. The clinical note dated 08/27/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued left lower extremity pain to the knee rated at a 6/10 to 7/10 as well as right shoulder pain. Exam of the patient's right shoulder revealed range of motion upon flexion at 120 degrees, extension 20 degrees, abduction 95 degrees, adduction 20 degrees, internal rotation 65 degrees, and external rotation 65 degrees. Status post physical exam of the patient, the provider recommended the patient utilize a CPM machine to the left knee and Dynasplinting to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a Dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with multiple bodily injury pain complaints status post reporting a cumulative trauma injury in 10/2009. The provider documents a recommendation for the patient to utilize Dynasplinting to the right upper extremity. However, the provider documents the patient is a surgical candidate for his right shoulder symptomatology. California MTUS/ACOEM Guidelines do not specifically address Dynasplinting. Official Disability Guidelines indicate Dynasplint system is recommended home use as an option for adhesive capsulitis in combination with physical therapy instruction. However, it would appear that a course of postoperative therapies would be indicated prior to the patient utilizing this modality as the patient is a surgical candidate for his right shoulder symptomatology. Given the above, the request for purchase of a Dynasplint is not medically necessary or appropriate.