

Case Number:	CM14-0216404		
Date Assigned:	01/06/2015	Date of Injury:	05/29/2010
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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 is a 55 year old female who sustained a work related injury May 29, 2010. Past history includes bilateral carpal tunnel release. According to an operating room report dated August 20, 2014, the injured worker underwent right shoulder arthroscopy with rotator cuff repair and repair of subscapularis; excision of distal clavicle; extensive debridement superior labrum degenerative tear, partial synovectomy, debridement anterior shoulder rotator interval with extensive incomplete subdeltoid bursectomy; subacromial decompression with subcoracoid decompression, coracoid-plasty. On October 15, 2014, a physical therapy progress report of the shoulder documents the injured worker demonstrating subjective and objective improvement with physical therapy with increased functional ability. Active passive range of motion left shoulder; left passive flexion 40 degrees with pain, abduction/external and internal rotation not tested secondary to pain; elbow flexion and extension within normal limits. Left shoulder active/passive flexion 132/176 degrees, abduction 86/170 degrees, external rotation 20 degrees, internal rotation 40 degrees and elbow flexion and extension within normal limits. The current limitations are largely limited to pain, with guarding and hiking present during shoulder movement. Recommendation for continued therapy noted. A primary treating doctor orthopedic follow-up dated October 27, 2014, finds the injured worker presenting with continued pain in the right shoulder 8/10, which is constant, worse at night, aggravated with the use of the right arm for any pushing, pulling, or lifting and unable to perform overhead activities. Additionally, there is a complaint of numbness in both hands. Physical examination of the right shoulder reveals well healed scars. There is tenderness over the anterolateral aspect of the right shoulder. Range

of motion; forward flexion 120 degrees, abduction 120 degrees, external and internal rotation 30 degrees, motion is painful and limited. Treatment plan includes more aggressive physical therapy, renew medications, follow-up with surgeon and medical physician, repeat electro diagnostic studies both arms and compare with previous studies. Work status is considered temporarily disabled. According to utilization review performed December 3, 2014, the request for a Dynasplint right shoulder is non-certified. The injured worker has not started physical therapy according to the most recent note. Citing Official Disability Guidelines (ODG), Dynasplint is recommended as part of home therapy for adhesive capsulitis when combined with physical therapy. Dynasplint right shoulder is therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Splint right 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Dynasplint entry

Decision rationale: Regarding Dynasplint for the shoulder, the Official Disability Guidelines recommend home use as an option for adhesive capsulitis, in combination with physical therapy instruction. A progress note on 11/18/2014 indicated patient has completed 12 sessions of physical therapy and will continue to have 12 additional sessions of physical therapy. The provider ordered the Dynasplint for the patient to improve internal and external rotation status post rotator cuff repair surgery. However, there was no evidence of adhesive capsulitis on exam or within the submitted documentation. The ODG specify for dynamic splinting only in the context of adhesive capsulitis of the shoulder. Although there is limitation in shoulder ROM on exam, this is not sufficient by itself to warrant dynamic splinting. Therefore, this request is not medically necessary.