

<b>Case Number:</b>	CM14-0218474		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 38 year old with a date of injury as 1/8/2012. The cause of the injury was not included in the documentation received. The current diagnoses include right shoulder adhesive capsulitis. Previous treatments include physical therapy, acupuncture, and Kenalog injection. Primary treating physician's reports dated 10/29/14, and an orthopedic evaluation dated 10/2/14 were included in the documentation submitted for review. Report dated 10/2/14 noted that the injured worker presented with complaints that included decreased mobility and sharp, achy, throbbing right shoulder pain resolved only with rest. The injured worker did not appear to have work restrictions. Physical exam documented 5/5 bilateral strength, decreased mobility of right shoulder to only 90 degrees forward flexion and abduction, and positive Neer's and Hawkins tests. The evaluation documented prior Magnetic Resonance Imaging (MRI), from dates of service 8/9/12 revealing a partial rotator cuff tear, and 9/30/13 revealing no rotator cuff tear. The provider diagnosed adhesive capsulitis with request for follow up Magnetic Resonance Imaging (MRI) of the right shoulder, and a Dynasplint to regain some loss of mobility. PR2 dated 10/29/14 documented complaints of right shoulder and wrist pain rated 7 out of 10 VAS, swelling, numbness, and muscle spasms. Treatment plan included continuation with home exercise and home EMS-Tens unit. The patient has had EMG of UE with normal findings. Patient has received an unspecified number of PT and acupuncture visits for this injury

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Dynasplint - for 3 months rental: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Dynasplint system

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (updated 02/27/15 ) Dynasplint system

**Decision rationale:** ACOEM and CA MTUS do not apply. Per the cited guidelines, recommend home use as an option for adhesive capsulitis, in combination with physical therapy instruction. "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." The current diagnoses include right shoulder adhesive capsulitis. Previous treatments include physical therapy, acupuncture, and Kenalog injection. Report dated 10/2/14 noted that the injured worker presented with complaints that included decreased mobility and sharp, achy, throbbing right shoulder pain resolved only with rest. Physical exam documented decreased mobility of right shoulder to only 90 degrees forward flexion and abduction, and positive Neer's and Hawkins test. The cited guideline recommend Dynasplint for adhesive capsulitis in combination with physical therapy instruction and the patient was diagnosed adhesive capsulitis and has already had conservative treatment for this injury The request for Right Shoulder Dynasplint is certified as medically necessary and appropriate.