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| Case Number: | CM15-0179839 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 10/25/2012 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/14/2015 |
| 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: Massachusetts

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 33-year-old female, who sustained an industrial injury on 10-25-12. The documentation on 2-16-15 noted that the injured worker had complaints of left shoulder pain, achiness and stiffness. the documentation noted that there was a deficit in range of motion and that the injured workers symptoms have improved from her last visit and that she has completed physical therapy sessions and using a dynasplint. The documentation noted from physical therapy stated that the range of motion of her left shoulder is 0 to 125 degrees of flexion, 0 to 115 degrees of abduction and decreasing left shoulder pain with increase in mobility, but sill limitation in strength. The documentation on 3-12-15 noted that the injured worker had complaints of neck pain radiating to the upper extremity with tingling. Manual muscle testing revealed 5 out of 5 in bilateral deltoid biceps triceps wrist extensors long finger flexors and hand intrinsics. Muscle stretch reflexes revealed 2+ in bilateral biceps triceps and brachioradialis. Sensation testing revealed impaired in the left C6 dermatomal distribution. The documentation noted that all nerve conduction studies were within normal limits. The electromyography study reveals mild active denervation in the left C6 innervated muscles and there is not evidence for myopathy. The diagnoses have included contracture of joint, shoulder region. Treatment to date has included chiropractor sessions; physical therapy; dynasplint; ice; anti-inflammatories and analgesics. The original utilization review (8-14-15) non-certified the request for right shoulder dynasplint -rental (03/03/2015-08/02/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Dynasplint -rental (03/03/2015-08/02/2015): 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Dynasplint system.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for radiating neck and low back pain and left shoulder pain. Electro diagnostic testing in March 2015 showed findings of a left C6 radiculopathy. When seen, there was decreased shoulder range of motion with flexion to 110 degrees with stiffness and pain. Impingement testing was strongly positive. An additional 12 physical therapy treatments were requested for treatment of rotator cuff impingement. Being requested is authorization for a 5-month Dynasplint rental for the shoulder. Home use of a Dynasplint system as a treatment for adhesive capsulitis in combination with physical therapy instruction in its use could be recommended. In this case, the claimant has left shoulder impingement and using a dynamic splint would likely cause pain and aggravate this condition. The claimant's impairments can be treated through a home exercise program including use of TheraBands and a home pulley system for strengthening and range of motion within the available pain free range and through further treatment for shoulder impingement. This request is not medically necessary.