

<b>Case Number:</b>	CM15-0025896		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 52 year old female, who sustained an industrial injury on 9/2/11. She has reported neck, back and right shoulder injury. The diagnoses have included adhesive capsulitis of shoulder, degenerative joint disease of right shoulder, cervical spine sprain, thoracic spine sprain, bilateral shoulder sprain and partial tear of right rotator cuff. Treatment to date has included physical therapy, right shoulder capsular release and manipulation and oral narcotic medication. Currently, the injured worker complains of persistent pain in neck, back and right shoulder. On physical exam it is noted the pain is improved with rest and medication. Examination of cervical spine revealed decreased range of motion with tenderness over the paraspinal muscles and trapezius muscles, tenderness over paraspinal muscles of thoracic spine, tenderness over the lumbar spine paraspinal muscles and right shoulder revealed slightly increased range of motion than previous visit. Notes indicate that the patient has undergone extensive postoperative therapy with ongoing restricted range of motion in the affected shoulder. On 1/8/15 Utilization Review non-certified adjustable shoulder extension/flexion device, noting the lack of sufficient documentation to support request for dynamic splinting. The ODG was cited. On 2/7/15, the injured worker submitted an application for IMR for review of adjustable shoulder extension/flexion device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynasplint for Right Shoulder, 3 Month Rental: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Static progressive stretch (SPS) therapy.

**Decision rationale:** Regarding the request for DME: Exercise Resistance Chair with Freedom Flex Shoulder Stretcher, California MTUS does not address the issue. ODG states static progressive stretch therapy is recommended as an option for adhesive capsulitis. Within the documentation available for review, notes indicate that the patient has adhesive capsulitis, status post surgery, and has undergone numerous therapy sessions with ongoing restricted range of motion. As such, the currently requested Dynasplint for right shoulder is medically necessary.