

Case Number:	CM15-0062248		
Date Assigned:	04/08/2015	Date of Injury:	08/28/2013
Decision Date:	06/17/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 67-year-old male, who sustained an industrial injury on 8/28/13. He reported a right shoulder and right knee injury. The injured worker was diagnosed as having resolving adhesive capsulitis, status post capsular release with prior rotator cuff repair of right shoulder. Treatment to date has included capsular release with prior rotator cuff repair of right shoulder, physical therapy, activity restrictions, home exercise program and oral medications. Currently, the injured worker complains of pain, weakness and stiffness of the right shoulder. Physical exam noted healed skin incisions of right shoulder, diminished range of motion of right shoulder and atrophy of the right supraspinatus muscle. The treatment plan included a request for authorization form previous request dated 11/20/14 for a Dynasplint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 292.

Decision rationale: A Dynasplint for purchase is not medically necessary. Per ACOEM guidelines, lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred in 2013. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore, the requested service is not medically necessary.