

<b>Case Number:</b>	CM15-0095689		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

### 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 45-year-old male, with a reported date of injury of 10/01/2012. The diagnoses include superior labral tear of the left shoulder with AC (acromioclavicular) joint degeneration, and status post left shoulder arthroscopic surgery with subacromial decompression, debridement, Mumford procedure, and slap repair. Treatments to date have included left shoulder arthroscopy with labral repair in 08/2014; a subacromial injection; an MRI of the left shoulder on 10/21/2014 which showed grade 1 tendonitis of the supra and infraspinatus tendon, mild-to-moderate subacromial subdeltoid bursal fluid, and a small focus of calcific tendonitis involving the distal bursal surface of the subscapular tendon; physical therapy; an MR Arthrogram of the left shoulder on 10/21/2014; and x-rays of the left shoulder. The progress report dated 04/14/2015 indicates that the injured worker continued to have a lot of pain and discomfort in his left shoulder especially with abduction and extension of the left shoulder. The subacromial injection had given him significant relief on 03/03/2015. The physical examination showed forward flexion of 160 degrees, abduction of 160 degrees, pain in the subacromial space, pain with extension of the left shoulder to 30 degrees, and negative O'Brien's test. The treating physician requested Dynasplint rental extension for April and May 2015 for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynasplint extension, left shoulder, 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), Online Version - Shoulder Chapter: Dynasplint system.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter under Static progressive stretch (SPS) therapy Shoulder (Acute & Chronic) Chapter under Physical therapy.

**Decision rationale:** Based on the 04/14/15 progress report provided by treating physician, the patient presents with left shoulder pain. Patient is status post left shoulder arthroscopic SLAP, per 08/22/14 operative report. The request is for Dynasplint Extension, Left Shoulder, Rental. RFA dated 02/04/15 provided. Diagnosis on 04/14/15 included superior labral tear left shoulder with AC joint degeneration. Physical examination to the left shoulder on 04/14/15 showed forward flexion of 160 degrees, abduction of 160 degrees, pain in the subacromial space, pain with extension of the left shoulder to 30 degrees, and negative O'Brien's test. Treatment to date included surgery, imaging studies, subacromial injections and physical therapy. The patient is temporarily totally disabled, per 03/03/15 report. Treatment reports were provided from 08/22/14 - 04/16/15. The MTUS and ACOEM guidelines do not address this request. ODG- TWC, Shoulder Chapter under Dynasplint system states: "Recommend home use as an option for adhesive capsulitis, in combination with physical therapy instruction. This trial concluded that use of the shoulder Dynasplint system maybe effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009)" ODG-TWC, Shoulder (Acute & Chronic) Chapter under Static progressive stretch (SPS) therapy states: "Recommended as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003)" ODG-TWC, Shoulder (Acute & Chronic) Chapter under Physical therapy states: "ODG Physical Therapy Guidelines: Adhesive capsulitis (IC9 726.0): Medical treatment: 16 visits over 8 week's Post-surgical treatment: 24 visits over 14 weeks." In this case, the patient has undergone diagnostic and operative arthroscopy with rotator cuff repair for the left shoulder on 08/22/14. Per progress report dated 01/20/15, treater states that the patient "is experiencing limited mobility as indicated by his physiotherapy associates progress report and on clinical exam today and I do feel that he could develop adhesive capsulitis and if not prophylactically treated with a Dyna splint and I do feel that it would benefit him tremendously in that regard." Per 03/03/15 report, the patient received Dynasplint and reported it was "very beneficial." Patient's diagnosis per Request for Authorization form dated 02/04/15 includes adhesive capsulitis, stating rental April and May. UR letter dated 04/27/15 states that patient has been authorized for left shoulder arthroscopic revision 04/22/15 - 04/22/16, as well as 12 sessions of physical therapy. Guidelines recommend Dynasplint system when combined with physical therapy, which is indicated for the duration of 8 weeks and 14 weeks post-surgical. In this case, it appears treater is requesting extension of Dynasplint rental as adjunct to authorized post-op physical therapy following left shoulder surgery. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.