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Notice of Independent Review Decision

DATE OF REVIEW:
04/03/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
E1840 Shoulder Dynasplint for three-month rental.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.
E1840 Shoulder Dynasplint for three-month rental is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a male with date of injury xx/xx/xxxx. The injured individual had a right shoulder subacromial arthroscopic decompression. He has had 18 postoperative physical therapy (PT) sessions with 50% improvement noted. Not only is more PT suggested by his surgeon, but his surgeon also wrote on 03/10/2008 that he does not want the static progressive stretching device (Dynasplint) for this injured individual. There is no indication the injured individual has adhesive capsulitis, which is the only reason Dynasplint is recommended per the Official Disability Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
This request is denied for two reasons. First, the attending physician (AP) wrote on 03/10/2008 that he does not recommend the Dynasplint at this time. Secondly, per ODG, Dynasplint is recommended for the diagnosis of adhesive capsulitis only and there is no diagnosis of this provided and there is no indication clinically that this injured individual has this problem.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Official Disability Guidelines 2007: 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 contractured joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003)