

Case Number:	CM13-0011435		
Date Assigned:	09/20/2013	Date of Injury:	07/15/2012
Decision Date:	01/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male who reported an injury on 07/18/2012. The patient is currently diagnosed with cervical disc disease, cervical radiculitis, right shoulder rotator cuff syndrome, right shoulder recurrent dislocation, right shoulder impingement, status post right shoulder surgery, lumbar disc syndrome, low back syndrome, disc protrusion of 6 mm at L5-S1, and gastroesophageal reflux disease. The patient was recently seen by [REDACTED] on 07/22/2013. The patient complained of neck, right shoulder, mid and low back pain. The patient also reported radiating pain to bilateral lower extremities. Physical examination revealed diminished range of motion of the right shoulder, 5/5 motor strength of bilateral upper extremities, diminished range of motion of the lumbar spine, positive Valsalva testing, positive Kemp's and straight leg raising, positive Braggard's testing, spasms, and diminished strength. Treatment recommendations included a referral for physical therapy and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DME Shoulder exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Home Exercise Kit.

Decision rationale: The MTUS guidelines indicate that initial care for patients with shoulder complaints includes instruction in home exercise, manipulation by a manual therapist for patients with frozen shoulder, and physical modalities. The ODG guidelines indicate that home exercise kits are recommended as an option. According to the clinical notes submitted, the employee has previously attended physical therapy. Therefore, the employee should be independent with a home exercise program. There is no specific equipment required for a home exercise program. The employee's latest physical examination of the right shoulder on 07/22/2013 indicated only slightly diminished range of motion. There is no evidence that a home exercise kit is superior to individual instructions given by a physician or therapist. The medical necessity for the requested service has not been established. As such, the request for RETRO DME Shoulder exercise kit is non-certified.