

Case Number:	CM13-0018626		
Date Assigned:	10/11/2013	Date of Injury:	02/04/2011
Decision Date:	01/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

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 Orthopedic Surgery 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 claimant is a 56-year-old gentleman who was injured on February 4, 2011. The clinical records in this case indicate an injury to the right shoulder. Recent clinical assessments for review dated November 25, 2013 from [REDACTED] indicate continued complaints of pain about the shoulder with radiating pain to the hand on the right. There is no documentation of left upper extremity symptoms. It states at that time that he is status post a recent right shoulder surgery; however operative process itself is not documented. Further review of records indicates that, postoperatively, the claimant has undergone formal physical therapy, medication management, and activity restrictions. Formal imaging in regards to the shoulder is not available for review or documented. An August 7, 2013 authorization request recommends the role of Thera Bands for purchase and a shoulder pulley system for purchase for continued use in this claimant's ongoing complaints. No further understanding of treatment, imaging or physical examination findings are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Thera-Band: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - home exercise kits.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the purchase of Thera Bands in this case would not be indicated. While Official Disability Guidelines do recommend the role of home exercise kits where exercise programs would be recommended, absent in this case is any recent documentation of treatment over the past several months that would support the role of continued use of this modality and agent. There is nothing indicating recent course of formal physical therapy, instruction on a home exercise program or any form of further treatment for review. The isolated role of Thera Bands in the absence of clinical imaging, exam findings and recent documentation of treatment is not supported.

Shoulder Pulley System for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - home exercise kits.

Decision rationale: Based on Official Disability Guidelines, as California MTUS Guidelines are silent, the purchase of a home pulley system is not indicated. As stated above, while home exercise kits are recommended where exercising is supported, the records would not indicate the need for purchase of a home pulley system for the claimant's shoulder. At present, there is no documentation of formal physical examination findings, including range of motion or documentation of strength assessment, with absent imaging and no documentation of prior conservative care noted. The specific request for a home pulley system in absence of the above would fail to be medically necessary.