

Case Number:	CM13-0027179		
Date Assigned:	11/22/2013	Date of Injury:	10/24/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; shoulder corticosteroid injection; muscle relaxants; a neck epidural steroid injection; six sessions of acupuncture; and work restrictions. In a Utilization Review Report of September 10, 2013, the claims administrator certified a shoulder surgery and 12 sessions of physical therapy while denying a preoperative clearance, Norco, and purchase of an exercise kit with pulleys. The utilization reviewer stated that neither ACOEM nor ODG specifically discuss pulleys or home exercise kits. The applicant's attorney later appealed, on September 20, 2013. An earlier progress report of August 19, 2013 is notable for comments that the applicant is working modified duty, has heightened shoulder pain, exhibits positive signs of shoulder internal impingement, has only 4/5 strength noted with crepitation. Preoperative medical clearance, postoperative physical therapy, Norco, and an exercise kit are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder pulley (w/ exercise kit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Disorders, Physical Therapy

Decision rationale: The MTUS does not address the topic of home pulley kits. However, the ODG shoulder chapter physical therapy topic, contrary to what is suggested by the claims administrator, does endorse use of home pulley system for strengthening and stretching. In this case, the applicant is set to undergo shoulder surgery. A provision of a home pulley unit for postoperative rehabilitation purposes may therefore be appropriate in this context. Therefore, the request is certified.

. Pre-op medical clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Preoperative Testing Before Noncardiac Surgery: Guidelines and ... www.aafp.org Journals afp Vol. 87/No. 6(March 15, 2013)

Decision rationale: The MTUS does not address the topic. As noted in American Family Physician, the goal of preoperative evaluation is to identify and optimize conditions that increase perioperative morbidity and mortality. In this case, the applicant's primary treating provider is an orthopedic shoulder surgeon who apparently has not documented the applicant's complete medication history, complete medication list, or list of comorbidities in any progress note provided. A preoperative medical clearance evaluation with a physician who can identify conditions that heighten perioperative morbidity and mortality is indicated and appropriate, consequently. Therefore, the request is certified.