

Case Number:	CM13-0041028		
Date Assigned:	12/20/2013	Date of Injury:	10/23/2012
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 55 year-old female with a 10/23/12 industrial injury claim. She has been diagnosed with cervical sprain; right shoulder impingement syndrome and rotator cuff tendinitis; status post right carpometacarpal arthroplasty; rotator cuff tear, right shoulder; status post right shoulder arthroscopy, SAD, debridement on 9/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the records reviewed, it does not appear that the surgeon has requested an exercise kit. The MTUS postsurgical guidelines state that only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. It is unclear where the request for the exercise kit came from. It is also unclear what the contents of the requested kit would be. There

is no mention of an exercise kit in the available records. The request is not in accordance with the MTUS postsurgical treatment guidelines. Therefore, the requested exercise kit is not medically necessary or appropriate.