

Case Number:	CM13-0041187		
Date Assigned:	12/20/2013	Date of Injury:	08/27/2012
Decision Date:	02/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 45-year-old male who has been complaining of bilateral shoulder pain since an accident at work on August 27, 2012. The patient works as a freelance art director, and was on set pushing a cart which toppled and resulted in forward flexion injuries to both of his shoulders. The left shoulder had previous issues with instability and had previously undergone arthroscopic anterior labral repair in 2008. He is stated to have persistent shoulder pain was diminished function. Currently the patient complains of pain inside the left shoulder joint and also subjective feelings of instability in both of his shoulders, with the left being the most symptomatic. He has undergone two months of physical therapy and noted mild improvement what has plateaued. He has been prescribed non-steroidal anti-inflammatory medications for pain relief and has also received Synvisc injections which the patient states have helped bilaterally. The left shoulder MRI is stated to indicate further tearing of the anterior labrum despite the presence of anterior glenoid anchors. Grade 4 degenerative changes of the humeral head noted. A beard osteophyte on the inferior humeral head noted. The patient is apparently scheduled for left shoulder surgery as the request is for postoperative Shoulder kit with pulley (purchase) which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder kit with pulley (purchase): Upheld

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 Center for Medicare and Medicaid Services

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. However, Center for Medicare and Medicaid Services policy states: DME is covered under Part B as a medical or other health service of the social security act and is equipment that: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) . All the requirements of the definition must be met before an item can be considered to be a durable medical equipment. Therefore the request for Shoulder kit with pulley is not medically necessary, since this type of kit is not primarily and customarily used for medical purpose according to the above definition of Durable Medical Equipment.