

Case Number:	CM13-0042882		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2009
Decision Date:	07/23/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 34-year-old male sustained an industrial injury on 10/14/09, opening a door in the wind. Surgical history was positive for a right shoulder superior labral tear from anterior to posterior (SLAP) repair in 2010. The request for purchase of an Optimum Home Rehab Kit dated on 9/16/14, stated that the patient was expected to use this kit daily throughout the functional restoration process. This kit included a Swiss ball, strengthening bands, yoga mat, stretch pole, overhead range of motion/strengthening bands, tone-8 strengthening bands, massage roller, air pump, and activity guide. The patient underwent right subacromial decompression, manipulation under anesthesia, and distal clavicle resection on 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT(DME) REQUEST FOR OPTIMUM HOME REHABILITATION KIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 46-67 Page(s): 46-47.

Decision rationale: The California MTUS supports the use of exercise for patients in the post-operative period. Exercise programs are reported superior to treatment programs that do not include exercise. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of this pre-packaged generic shoulder exercise kit over an individualized home exercise program designed by the patient's physical therapist. Therefore, this durable medical equipment (DME) request for optimum home rehabilitation kit is not medically necessary.