

<b>Case Number:</b>	CM13-0044808		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported a work-related injury on 02/25/2011, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, chronic right knee pain, multilevel disc disease of the lumbar spine, discogenic cervical condition, right shoulder impingement, bilateral carpal tunnel syndrome, an element of insomnia, depression, and weight gain. The clinical notes evidence the patient was recommended to undergo surgical interventions to the right shoulder, as [REDACTED] documented the patient had a large rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rujuveness (1 silicone sheeting) qty 1:** 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 located on Rujuveness, package insert online.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a rationale for the requested silicone sheeting, ReJuveness. The clinical notes document the patient presents with multiple pain complaints status post a work-

related injury sustained over 3 years ago. However, documentation of a specific rationale for the requested intervention was not evidenced in the clinical notes reviewed. Given the above, the request for Rujveness (1 silicone sheeting) qty 1 is not medically necessary or appropriate.