

Case Number:	CM13-0052044		
Date Assigned:	06/11/2014	Date of Injury:	11/09/2012
Decision Date:	07/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old female whose date of injury is 11/09/2012. On 11/09/2012, she slipped on a wet floor and fell backwards. Handwritten note dated 10/01/13 indicates the injured worker complains of right shoulder pain with weakness. There is also low back pain rated as 4/10. The medication and rest are noted to help. The specifically recommended kit costs [REDACTED], and the submitted records indicate that the individual components of the kit (rehab flex bar, power web, and three strengths of Theraputty) can be purchased separately for less than [REDACTED]. The progress report dated 04/10/14 indicates the injured complains of right shoulder pain worse with flexion as well as pain in the lumbosacral spine. Right shoulder range of motion is decreased. Lumbosacral range of motion is decreased. The diagnoses are right shoulder rotator cuff tear as per MRI (magnetic resonance imaging), lumbosacral spine degenerative disc disease, and lumbago. She is awaiting authorization for right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND/WRIST HOME EXERCISE REHAB 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): 46-47.

Decision rationale: Based on the clinical information provided, the request for hand/wrist home exercise rehab kit is not medically necessary under the CA MTUS guidelines. The specifically recommended kit costs [REDACTED], and the submitted records indicate that the individual components of the kit (rehab flex bar, power web, and three strengths of Theraputty) can be purchased separately for less than [REDACTED]. There is no clear rationale provided to support the requested kit at this time. The injured worker's compliance with an active home exercise program is not documented. As such, the request is not certified.