

Case Number:	CM13-0060352		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2012
Decision Date:	06/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 44-year-old female who reported an injury on 01/01/2012. The mechanism of injury was not stated. The current diagnosis is status post right shoulder rotator cuff repair on 11/16/2013. The injured worker was evaluated on 11/21/2013. The injured worker reported ongoing complaints in the right shoulder, right arm, and right elbow. Physical examination revealed healing surgical incisions, full range of motion of the elbow and wrist, and tenderness around the surgical site. Treatment recommendations included aggressive physical therapy, and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER REHAB KIT: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Home Exercise Kit.

Decision rationale: The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Home exercise kits are recommended as an option. As per the documentation submitted, the injured worker is status post right shoulder arthroscopy with rotator cuff repair on 11/16/2013. The injured worker has been advised to begin aggressive post-operative physical therapy 3 times per week for 4 weeks. The medical

necessity for a home exercise kit has not been established.