

<b>Case Number:</b>	CM14-0002891		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 sustained industrial related injuries to her neck and right upper extremity on 03/12/12 while performing her usual and customary duties as a legal assistant. The subsequent diagnosis was right shoulder strain/adhesive capsulitis. The injured worker was placed in physical therapy two times per week for two and half months, then placed on work restrictions. The injured worker underwent manipulation under anesthesia on 06/29/13. A clinical note dated 01/06/14 reported continued complaints of cervical spine/right wrist pain at 6/10 Visual Analogue Scale (VAS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME EXERCISE KIT TO CONTINUE SELF MODIFIED:** 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 Non-MTUS Citation: Official Disability Guidelines (ODG) Durable Medical Equipment (DME), Knee And Leg Chapter.

**Decision rationale:** The Official Disability Guidelines (ODG), states that durable medical equipment must be able to withstand repeated use, i.e., could normally be rented, and used by

successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The patient has had extensive physical therapy and should be well-instructed in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for home exercise kit has not been established. Therefore, the request for home exercise kit to continue self modified is not medically necessary and appropriate.