

Case Number:	CM14-0018588		
Date Assigned:	04/18/2014	Date of Injury:	03/18/2009
Decision Date:	08/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64-year-old male was reportedly injured on March 18, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note addressing orthopedic issues, dated March 24, 2014, indicates that there are ongoing complaints of right shoulder pain as well as headaches, diarrhea, and acid reflux. The physical examination demonstrated slightly decreased right shoulder motion due to pain. There was a positive Neer's test, Hawkin's test, Speed's test, and empty can test. Random laboratory testing was recommended. An MRI of the right shoulder revealed a partial thickness tear of the supraspinatus, infraspinatus, and subscapularis tendons, a glenoid labral tear, and a suggestion of the biceps tendon tear. Previous treatment includes right shoulder surgery on January 25 and August 26, 2011, as well as postoperative physical therapy. A request was made for the purchase of a walking cane for the right shoulder and was not certified in the pre-authorization process on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE PF A WALKING CANE FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),-TWC, Internet Version, Knee & Leg-Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Durable medical equipment, Updated June 5, 2014.

Decision rationale: The reasoning for the walking cane is requested for an individual with shoulder pain was not clearly stated in the documentation provided. Without specific justification why a walking cane is needed for an individual with upper extremity pain, this request for the purchase of a PF walking cane for the right shoulder is not medically necessary.