

Case Number:	CM14-0124781		
Date Assigned:	08/08/2014	Date of Injury:	11/23/2013
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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 49-year-old individual who was reportedly injured on 11/23/2013. The mechanism of injury was not listed. The most recent progress note, dated 7/7/2014, indicated that there were ongoing complaints of left shoulder pain, and right wrist pain. The physical examination demonstrated left shoulder positive tenderness to palpation over the greater tuberosity and coracoid process, limited range of motion, positive Neer sign, and positive thumbs down sign, positive arc of rotation, and motor strength 4/5 with rotator cuff muscles on the left side. Right wrist: The patient was using the support of a cock up brace. No evidence of thenar or hypo thenar muscle wasting. The report noted positive tenderness to palpation over the right wrist joint specifically over the scaphoid bone as well as tenderness over the snuffbox. The report also noted slight tenderness over the transverse carpal ligament, positive crepitation with wrist flexion and extension, decreased grip strength, slight decreased sensation over the thumb, index, and middle fingers. Diagnostic imaging studies included an MRI of the right wrist, dated 3/17/2014, which revealed a 9.4 mm region of avascular necrosis in the scaphoid and subchondral cyst formation within the lunate. EMG/nerve conduction study of the upper extremities, dated 3/5/2014, revealed normal study. MRI of the left elbow, dated 2/5/2014, revealed unremarkable exam. MRI of the left shoulder dated 2/5/2014 reveals lateral down sloping of the acromion, osteoarthritis of the AC joint, supraspinatus and infraspinatus tendinosis and subacromial/subdeltoid bursitis. Previous treatment included physical therapy, vacations, and injections. A request had been made for shoulder, elbow, and wrist home rehabilitation kit (purchase) and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Rehabilitation kit purchase between 7/7/14 and 8/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: (ODG) Shoulder (Acute and Chronic) Exercises, updated 8/27/2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines: (ODG) Shoulder (Acute and Chronic) Exercises. The Expert Reviewer's decision rationale:(ODG) guidelines state that "disorders of the shoulder can be treated conservatively with activity modification and exercise, including gentle muscle stretching, range of motion exercises, flexibility, and graduated strengthening programs." It is noted that home exercise kits can be recommended as an option; however, there is lack of documentation indicating what pieces of durable medical equipment comprise the home exercise kit. Therefore, lacking further documentation, this request is deemed not medically necessary.

Elbow Rehabilitation kit purchase between 7/7/14 and 8/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: (ODG) Shoulder (Acute and Chronic) Exercises, updated 8/27/2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines: (ODG) Shoulder (Acute and Chronic) Exercises. The Expert Reviewer's decision rationale:(ODG) guidelines state that "lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification and exercise, including gentle muscle stretching, range of motion exercises, flexibility, and graduated strengthening." It is noted that home exercise kits can be recommended as an option; however, there is lack of documentation indicating what pieces of durable medical equipment comprise the home exercise kit. Therefore, lacking further documentation, this request is deemed not medically necessary.

Wrist Rehabilitation kit purchase between 7/7/14 and 8/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute and Chronic) Exercises, updated 8/27/2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): Shoulder (Acute and Chronic) Exercises. The Expert Reviewer's decision rationale:(ODG) guidelines recommend exercises specific for the hand/wrist for range of motion and strengthening. Patient should be advised to do early passive range of motion exercises at home. It is noted that home exercise kit can be recommended as an option; however, there is lack of documentation indicating what pieces of durable medical equipment comprise the home exercise kit. Therefore, lacking further documentation, this request is deemed not medically necessary.