

Case Number:	CM14-0125685		
Date Assigned:	08/11/2014	Date of Injury:	01/01/2004
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 69 year old female whose date of injury is 01/01/2004. The mechanism of injury is not described. Diagnoses are cervical sprain/strain, complex regional pain syndrome of right upper extremity, right lateral epicondylitis status post right epicondylectomy, right shoulder impingement, and status post left shoulder arthroscopic rotator cuff repair on 03/13/13. Treatment to date includes surgical intervention, cervical epidural steroid injection, trigger point injections, and medication management. Follow up pain management consultation dated 08/07/14 indicates that she continues to have ongoing neck pain which radiates down to her right upper extremity. She also complains of left shoulder pain. Medications include Motrin, Lidoderm patch, Prilosec, Dexilant, Neurontin, lidopro topical analgesic ointment. On physical examination there is tenderness to palpation bilateral cervical musculature. She has decreased range of motion. The injured worker underwent trigger point injections on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Shoulder Exercise 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 purchase of shoulder exercise kit is not recommended as medically necessary. There is no comprehensive assessment of treatment active completed to date or the patient's response thereto submitted for review. The contents of the shoulder exercise kit are not delineated. There are no specific, time-limited treatment goals provided. There is no clear rationale provided to support the requested kit at this time. Therefore, medical necessity cannot be established in accordance with CA MTUS guidelines.

Purchase of Cervical Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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 purchase of cervical exercise kit is not recommended as medically necessary. There is no comprehensive assessment of treatment active completed to date or the patient's response thereto submitted for review. The contents of the cervical exercise kit are not delineated. There are no specific, time-limited treatment goals provided. There is no clear rationale provided to support the requested kit at this time. Therefore, medical necessity cannot be established in accordance with CA MTUS guidelines.