

Case Number:	CM14-0021595		
Date Assigned:	05/12/2014	Date of Injury:	06/11/2013
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/20/2014

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 & 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 57 year old female who was injured on June 11, 2013. The mechanism of injury is described as a trip a fall while performing routine duties as a laundry attendant. Injury to her left shoulder, neck, and low back resulted. Diagnoses are listed as chronic neck and back pain, shoulder painful motion secondary to chronic neck pain. Treatment to date includes eight sessions of physical therapy. A follow up note dated November 06, 2013 documented no subjective improvement with completion of four physical therapy sessions. A request for a home exercise kit for the left shoulder was denied on a prior utilization review dated January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KIT FOR THE SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The clinical information is limited and there is no record of the PT progress notes documenting the objective measurements; i.e. shoulder range of motion and strength. There is no documentation of the description of the exercise kit. There is no detail of the exercise program using the kit. Furthermore, it is not clear how self administration of the exercise would

be beneficial. Therefore, the medical necessity of the request is not established at this time per guidelines.