

Case Number:	CM14-0038145		
Date Assigned:	06/25/2014	Date of Injury:	02/07/2012
Decision Date:	08/14/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	03/31/2014

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 65 year old male who sustained injuries to his right shoulder and foot on 02/07/12. The mechanism of injury was not documented. The one clinical note provided for review was a doctor's first report of occupational injury or illness indicating that the patient sustained an injury at work and that the patient continued to complain of right shoulder/foot pain at 7-8/10 on the visual analog scale. Physical examination noted cervical spine right paravertebral tenderness; right shoulder tenderness to palpation; decreased range of motion with extension and abduction. Physical examination of the right foot noted muscular atrophy and tenderness to palpation of the Achilles tendon; right lower extremity weakness at 3/5 on the visual analog scale; sensation grossly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder home exercise rehab kit: rehab bar with resistance tube, rehab pulley, resistance tubes (3 strengths), instruction book, and supply bag for purchase: 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 Official Disability Guidelines (ODG) Shoulder chapter, Home exercise kits.

Decision rationale: The basis for denial of previous request was not specified. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program that would require the requested exercise equipment. Given this, the request for shoulder home exercise rehab kit: rehab bar with resistance tube, rehab pulley, resistance tubes (3 strengths), instruction book, and supply bag for purchase is not indicated as medically necessary.

Ankle/foot home exercise rehab kit: ankle/foot rocket, ankle/foot stretcher, jump rope, instruction book and supply bag for purchase: 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 Official Disability Guidelines (ODG) Ankle and foot chapter, Exercise.

Decision rationale: The basis for denial of previous request was not specified. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program that would require the requested exercise equipment. Given this, the request for ankle/foot home exercise rehab kit ankle/foot rocket, ankle/foot stretcher, jump rope, instruction book and supply bag for purchase is not indicated as medically necessary.