

<b>Case Number:</b>	CM14-0055898		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 injured worker is a 54-year-old male who was reportedly injured on February 1, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 25, 2014, indicates that there are ongoing complaints of right shoulder pain. It was stated that left shoulder surgery has been scheduled. No physical examination was performed on this date. Diagnostic imaging studies of the left shoulder indicate a complete rotator cuff tear and a right shoulder partial rotator cuff tear. Previous treatment includes physical therapy. A request was made for a home shoulder exercise kit and was not found to be medically necessary in the pre-authorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Shoulder Home Exercise Kit.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the medical record the injured employee is scheduled for left shoulder surgery. It is assumed that this request, although not specified, is or postoperative recovery of the left shoulder. According to the California Chronic Pain Medical Treatment

Guidelines, the injured employee is authorized 40 visits of post-surgical treatment for repair of a complete rotator cuff tear and he will have adequate access to rehabilitation equipment at that time. Considering this, the request for durable medical equipment Shoulder Home Exercise kit is not medically necessary.