

Case Number:	CM14-0060966		
Date Assigned:	07/11/2014	Date of Injury:	01/01/2001
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational medicine, 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 patient is a 57-year-old male who has submitted a claim for shoulder sprain and shoulder impingement associated with an industrial injury date of January 1, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain, neck pain and back pain. Physical examination revealed tenderness over the right shoulder region. Hawkins-Kennedy Test was positive on the right shoulder. Drop arm test and Yergason's test were negative. MMT was within normal limits for bilateral upper extremities. Treatment to date has included physical therapy and medications, which include Tramadol, and Capsaicin cream. Utilization review from April 14, 2014 denied the request for DME Shoulder Rehab Kit because there is no evidence that a pre-packaged, one size fits all home exercise program is superior to individual instruction given by a physician or therapist. The patient has had physical therapy during which a home exercise program should have been taught. No specific equipment is required for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Rehab Kit: 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; Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. ODG further states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, there was no discussion regarding the medical need for a home exercise kit. There was no documentation of active participation by the patient in independent home exercise program. There was also no documentation that the patient has been taught appropriate home exercises by a therapist. Moreover, the exact content of the exercise kit was not described in the records. It is unclear if the included equipment will be considered for medical treatment. There is no clear indication for the requested equipment. The medical necessity has not been established at this time due to lack of information. Therefore, the request for shoulder rehab kit is not medically necessary or appropriate.