

Case Number:	CM14-0200526		
Date Assigned:	12/10/2014	Date of Injury:	04/09/2013
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, 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:

This is a male patient with an injury date of 04/09/2013 and no evidence found of any mechanism of injury within the provided documentation. An orthopedic follow up visit dated 06/02/2014 described a request for authorization filed during this visit. The subjective complaints noted a pain level of 3-4 rating in intensity to right shoulder, right wrist pain intermittently, status post surgery repair of triangular fibrocartilage tear and carpal tunnel decompression. The patient is reported with more questions in regards to surgical intervention to the right shoulder; with further mention of declining surgery and requesting cortisone injections to the right shoulder. Objective findings showed right wrist flexion at 60 degrees, extension at 50 degrees, radial deviation at 20 degrees and ulnar deviation at 30 degrees. The right shoulder showed flexion at 140 degrees, extension at 50 degrees, adduction at 30 degrees, abduction at 140 degrees, internal rotation at 70 degrees and external rotation at 80 degrees. He was diagnosed with mild impingement syndrome right shoulder, rotator cuff tear, right shoulder, cubital tunnel syndrome right elbow, carpal tunnel syndrome right wrist and status post wrist arthroscopy repair of TFCC tear and release. A second follow up visit dated 06/17/2014 described the patient returning to modified work duties 06/17/2014 with no use of right upper extremity. The plan of care involved administering cortisone injection to right shoulder and follow up in four weeks. A request for services asking for home exercise kits for right shoulder and right wrist was denied by the Utilization Review on 11/12/2014 as not meeting medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise kits for Right Shoulder, Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ultimatedme.com/kitlumbar.html>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain and exercises

Decision rationale: According to the guidelines, therapy and exercises are recommended. Many of the exercises involve range of motion and resistance. Some conditions may require up to 24 visits of physical therapy post-operatively. In this case, there is no mention of the products included in the exercise kit that would aid in therapy. It is not known if this is similar or superior to exercises and devices used by a therapist. The request is therefore not medically necessary.