MAXIMUS Federal Services

Case Number:	CM14-0200656		
Date Assigned:	12/11/2014	Date of Injury:	07/24/2012
Decision Date:	01/29/2015	UR Denial Date:	11/11/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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 33 year old female with the injury date of 07/24/12. Per physician's report 10/29/14, the patient has pain in both of her shoulders. The patient feels that her pain has been worse with stiffness and weakness. There is palpative tenderness over shoulders bilaterally. The patient presents decreased range of shoulder motion bilaterally. The lists of diagnoses are:1) Enthsopathy of wrist & carpus2) Sprain/ strain of elbow/ arm, unspecified 3) Sprain/ strain of shoulder/arm, unspecified The treater requested "rehab kit for right shoulder post op surgery." Per 08/08/14 progress report, the patient is s/p bilateral shoulder surgeries. The patient complains of persistent pain. The left shoulder has a positive Neer's sign. Cervical MRI does not show any significant disc herniation or stenosis. Per utilization review (UR) letter denied this request stating, "UR requested additional information from [redacted] as to the specific contents of the proposed right upper extremity rehab kit. To date, the requested information has not been received; therefore, the request is non-certified due to a lack of supporting information." The utilization review determination being challenged is dated on 11/11/14. Three treatment reports were provided from 02/17/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder exercise kit; purchase: Overturned

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

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, exercise kit.

Decision rationale: The patient presents with pain and weakness in both of her shoulders. The patient is status post bilateral shoulder surgeries and the dates of surgeries are unspecified. The request is for purchase of shoulder exercise kit. Exercise is recommended in MTUS, ACOEM, and ODG guidelines. ODG also support "exercise kit" under shoulder chapter. "Home exercise kits are recommended where home exercise and active self-directed home physical therapy is recommended." Given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. The patient does present with shoulder pain as well. The request is medically necessary.

Shoulder pulley; purchase: Overturned

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, exercise kit.

Decision rationale: The patient presents with pain and weakness in both of her shoulders. The patient is status post bilateral shoulder surgeries and the dates of surgeries are unspecified. The request is for purchase of shoulder pulley. Exercise is recommended in MTUS, ACOEM, and ODG guidelines. Although shoulder pulley is not delineated, given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. The patient has chronic right shoulder pain, with continued deficits in strength as well. The request is medically necessary.