

Case Number:	CM15-0008322		
Date Assigned:	01/23/2015	Date of Injury:	01/02/2014
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 01/02/2014. The mechanism of injury was reportedly due to lifting and moving packages, trying to find 2 particular boxes when she felt pulling in her shoulder. Her diagnoses included impingement syndrome. Past treatments included medications, physical therapy, and home exercise program. On 12/16/2014, the patient was seen for a followup regarding the left shoulder impingement syndrome. The injured worker stated increased improvement from flare up since the last visit. The physical examination revealed abduction at 45 degrees, flexion at 180 degrees, extended rotation at 60 degrees, tenderness to palpation of the lateral acromion, and 4/5 muscle strength. Current medications are not specified. The treatment plan included physical therapy, home exercise program, medications, occupational therapy/work hardening program. A request was received for shoulder pulley for left shoulder for purchase. The rationale for the request was not provided. The Request for Authorization form was signed 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder pulley for left shoulder 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) Knee and Leg, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The clinical information indicated that the injured worker suffers from shoulder impingement. However, there was no clear rationale warranting the need for shoulder pulley equipment. In addition, there was no rationale for the request of purchase as opposed to rental. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Shoulder pulley for left shoulder for purchase is not medically necessary.