

<b>Case Number:</b>	CM15-0008797		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 22-year-old female who reported an injury on 12/28/2013 due to an unspecified mechanism of injury. On 12/16/2014, she presented for a followup evaluation. She stated that she was still weak in her right shoulder but had much less discomfort, and also stated that she continued to feel heaviness. A physical examination showed range of motion of the shoulder was 130 degrees with abduction and flexion, 90 degrees with internal rotation, and 60 degrees with external rotation. She was diagnosed with a Bankart repair. It was recommended that she continue with aggressive therapy and strengthening. The treatment plan was for an Endura taping kit. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deny: Endura Taping Kit Per 12/12/14 Prescription: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute and Chronic)

**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, DME.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment should be able to withstand repeated use, is normally rented and used by successive patients, is appropriate for use in the injured worker's home, and serves a medical purpose. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right shoulder. However, there is a lack of documentation supporting the request for an Endura taping kit. A clear rationale was not provided for the medical necessity of this durable medical equipment, and it is unclear whether this is being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.