

Case Number:	CM15-0185736		
Date Assigned:	09/25/2015	Date of Injury:	03/15/2011
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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
 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 53 year old male who sustained an industrial injury on 03-15-2011. Treatment to date has included medications, elbow supports, physical therapy, acupuncture, arthroscopy of the left shoulder, cortisone injections to the left shoulder and extracorporeal shockwave therapy for the left shoulder. According to an agreed medical evaluation dated 07-20-2015, the injured worker reported pain in both hands, wrist, elbows and left shoulder radiating to the neck, numbness of both hands, wrists and elbows, tingling in both hands digits, wrists and elbows, stiffness in the left shoulder and neck, decreased strength in both hands, swelling of both elbows, sensitivity to the left shoulder, intermittent night pain in both hands, wrists, elbows, shoulder and neck and difficulty pinching and grasping both hands. Physical examination of the left shoulder demonstrated decreased range of motion on the left but good strength. There was crepitus on the left and tenderness in the glenohumeral joint, acromio-clavicular joint, rotator cuff and subdeltoid bursa on the left. There was no evidence of instability but there was impingement on the left. Straight arm test was normal. An x-ray of the left shoulder performed on 07-20-2015 showed interval placement of anchor screws at the left humeral head. According to a partially legible handwritten progress reported dated 07-22-2015, the injured worker continued to have bilateral elbow pain with numbness. Left shoulder pain was frequent but range of motion was improved. The provider noted there were no changes to physical examination. Positive Tinel's was noted. Decreased motor in the bilateral upper extremities was noted at 4 out of 5. Diagnoses included status post left rotator cuff repair, bilateral elbow cubital tunnel syndrome and intragenic gastritis and blood sugar level. The

treatment plan included follow up with internist, obtain agreed medical evaluation supplement report, continue use of elbow braces, topical compounds and kit. The injured worker did not want surgery to the elbows. He was to remain of work until 30-45 days. On 08-21-2015, Utilization Review non-certified the request for one purchase of shoulder rehabilitation kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of shoulder rehabilitation kit: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309.

Decision rationale: Although the MTUS guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home shoulder exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients, which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The One purchase of shoulder rehabilitation kit is not medically necessary and appropriate.