MAXIMUS Federal Services

Case Number:	CM15-0194490		
Date Assigned:	10/08/2015	Date of Injury:	01/12/2015
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 33 year old female sustained an industrial injury on 1-12-15. Documentation indicated that the injured worker was receiving treatment for a left shoulder injury. Previous treatment included physical therapy, corticosteroid injection and medications. In a PR-2 dated 9-10-15, the injured worker complained of left shoulder pain rated 7 out of 10 on the visual analog scale. The injured worker reported that recent left shoulder steroid injection (8-27-15) caused increased pain and swelling. The injured worker stated that she wished to proceed with surgical repair. Physical exam was remarkable for left shoulder with tenderness to palpation over the acromioclavicular joint and subacromial space with range of motion: forward flexion 90 degrees, extension 30 degrees, abduction 70 degrees, adduction 30 degrees and internal and external rotation 45 degrees and positive Neer's, Hawkins and Cross arm tests. The physician documented that left shoulder magnetic resonance imaging (6-2-15) showed a type II acromion, partial tear of the superior and inferior acromioclavicular ligaments, left rotator cuff tendinosis and fracture of the left acromioclavicular joint. The treatment plan included requesting authorization for left shoulder arthroscopy with Mumford procedure, partial anterolateral acromioplasty with resection of coracoacromial ligament, debridement, possible rotator cuff repair and possible lysis of adhesions, preoperative medical clearance and durable medical equipment including a shoulder abduction pillow brace, a Micro-cool unit, an interferential unit, a transcutaneous electrical nerve stimulator unit, a motorized compression pump and stockings and a home exercise kit. On 9-24-15, Utilization Review noncertified a request for associated surgical service: home exercise kit, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home exercise kit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Online version (updated 09/08/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Exercise page 46 and 47 state the exercise is recommended. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. As the guidelines do not recommend any particular exercise program, there is lack of medical necessity for a home exercise kit. Therefore determination is not medically necessary.