

Case Number:	CM15-0201348		
Date Assigned:	10/16/2015	Date of Injury:	11/22/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 40 year old female who reported an industrial injury on 11-22-2012. Her diagnoses were noted to include: right shoulder acromioclavicular arthropathy and supraspinatus partial tear. No current imaging studies were noted; magnetic resonance imaging of the right shoulder, with arthrogram on 10-28-2013; and magnetic resonance imaging of the right elbow and wrist on 12-31-2013 were stated to be done. Her treatments were noted to include: right shoulder surgery (8-2015); physical therapy; right wrist brace; heat-cold therapy; and medication management with toxicology studies. The orthopedic surgeon initial visit progress notes of 6-23- 2015 reported complaints which included: intermittent pain, rated 5-6 out of 10, in her right shoulder, with swelling, that traveled to her neck and right arm, that was improved with medication, hot-cold therapy, and the use of her brace. The objective findings were noted to include: marked restrictions in all right shoulder range-of-motion; positive findings on the right shoulder magnetic resonance imaging. The physician's requests for treatment were noted to include surgical intervention and prophylactic right shoulder immobilizer for post-operative care, to avoid exacerbation of current injury. A pre-operative visit note dated 8-18-2015 showed a normal pre-operative exam and results. No Request for Authorization (RFA) for a home therapy kit was noted in the medical records provided. The Utilization Review of 9-25-2015 non- certified the request for a home therapy kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home therapy kit #1 per 9/9/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: This patient is scheduled to undergo surgery on the R shoulder, and it appears that this request is related to postoperative needs. However, there is insufficient information to determine the necessity of this request. The request states the need for a "home therapy kit", but there is no explanation as to what the kit contains or the specific indication for use. There was also no RFA included in the documentation provided to provide additional information, and there is no mention of this case in the recent preoperative treatment notes. The request for specific durable medical equipment in the form of a shoulder immobilizer has already been approved, and it is not clear what additional equipment the treating physician is requesting for the patient. Given the lack of information regarding this request, there is no basis to provide evidence-based recommendations to approve. Therefore, the request for Home therapy kit #1, is not medically necessary at this time.