

Case Number:	CM15-0203170		
Date Assigned:	10/19/2015	Date of Injury:	09/03/2012
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 9-3-2012. Several documents in the provided medical records are not legible. The injured worker was being treated for right triangular fibrocartilage complex, tear, right rotator cuff tear, and right meniscus tear. Medical records (6-12-2015, 7-16-2015, and 9-14-2015) indicate ongoing right wrist, right knee, and bilateral shoulder pain. The physical exam (6-12-2015) reveals tenderness over the right lateral wrist, posterior wrist tenderness over the extensors, a positive de Quervain, pain with making a fist. The treating physician noted there was no change in the physical exam (7-16-2015). The physical exam (9-14-2015) reveals tenderness to palpation and decreased range of motion. The electromyography and nerve conduction velocity studies of the bilateral upper extremity (dated 7-24-2015) stated there was no evidence of nerve entrapment and-or radiculopathy. The MRI of the right knee (dated 7-24-2015) stated there was a tear of the posterior horn of the medial meniscus and the anterior horn of the lateral meniscus, and internal degeneration of the posterior horn of the lateral meniscus. The MRI of the right shoulder (dated 7-24-2015) stated there is a full thickness tear of the supraspinatus with mild atrophy, a partial articular surface tear of the infraspinatus with mild tendinosis, and subacromial-subdeltoid and subcoracoid bursitis. There is mild osteoarthritis of the acromioclavicular joint. The MRI of the left shoulder (dated 7-24-2015) stated there is a partial articular surface tear of the supraspinatus with mild tendinosis, a small articular surface tear of the infraspinatus with mild tendinosis, subacromial-subdeltoid and subcoracoid bursitis, and osteoarthritis of the acromioclavicular joint. The MRI of the left knee (dated 8-13-2015) stated there were small subchondral cysts at

the lateral patellar facet and small anterior medial condylar focal articular surface pitting and irregularity. No medial or lateral meniscal tears were observed. The cruciate and collateral ligaments and the quadriceps and patellar tendons were unremarkable. Treatment has included physical therapy, acupuncture, heat, work modifications, right shoulder steroid injections, and medications including topical pain and non-steroidal anti-inflammatory. The patient sustained the injury due to a trip and fall incident. Physical examination of the right shoulder revealed limited range of motion, positive impingement sign and tenderness on palpation. Physical examination of the right wrist revealed swelling, tenderness on palpation, positive Tinel and Phalen sign, and positive Finkelstein test. Physical examination of the right knee revealed tenderness on palpation, and swelling. The medication list included Aspirin, Advil, Aleve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder rehab kit for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, exercise equipment, durable medical equipment.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/31/14) Home exercise kits.

Decision rationale: Request: Shoulder rehab kit for purchase. Per the ODG, home exercise kit is "Recommended See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended." The patient had a full thickness rotator cuff tear of the right shoulder on the MRI. She has had PT for this injury. A home exercise program is recommended in such a patient. A shoulder rehab kit is recommended by the cited guidelines and would enable the patient to do an effective home exercise program. The request for a shoulder rehab kit for purchase is deemed medically appropriate and necessary in this patient at this time,

Knee rehab kit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, exercise equipment, durable medical equipment.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 6/10/14) Gym memberships.

Decision rationale: Knee rehab kit for purchase. Per the ODG guidelines "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise

equipment, may not be covered." A contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Knee rehab kit for purchase is not fully established in this patient.

Wrist rehab kit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, exercise equipment, durable medical equipment.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/31/14) Home exercise kits.

Decision rationale: Wrist rehab kit for purchase. Per the ODG, home exercise kit is "Recommended See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended." A contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment for this patient's wrist condition is not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Wrist rehab kit for purchase is not fully established in this patient.