

Case Number:	CM15-0054169		
Date Assigned:	03/27/2015	Date of Injury:	08/25/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 8/25/2011. He reported left shoulder pain while loading freight. The injured worker was diagnosed as having left shoulder rotator cuff sprain/strain and lumbosacral disc protrusion. There is no record of a recent diagnostic study, but the progress notes reference recent x rays. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 1/21/2015, the injured worker complains of low back pain, right leg pain and left shoulder pain. The treating physician is requesting a home therapy kit for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home Therapy Kit for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Shoulder, Home exercise kit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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, the request is not medically necessary.