

Case Number:	CM14-0129709		
Date Assigned:	08/22/2014	Date of Injury:	03/01/2008
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 30 year-old female was reportedly injured on March 1, 2008. The mechanism of injury is reported as cumulative trauma to bilateral hands, wrists, elbows and shoulders, due to repetitive use, while performing the customary and usual duties of her occupation as a process controller. The most recent progress note, dated July 9, 2014, indicates that there are ongoing complaints of right shoulder pain. The injured employee noted that she is scheduled to return to work. The physical examination did not report any significant objective acute findings. Diagnostic imaging studies objectified changes in the shoulder. Previous treatment includes medications. A request had been made for a shoulder exercise kit and was denied in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Shoulder Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Exercise

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter - updated August, 2014

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered and the current physical examination reported there is little evidence to suggest the need for home shoulder exercise kit. Basic range of motion exercises can be clean weighted without any specific durable medical equipment. Furthermore, noting in the MTUS and ACOEM do not address and the parameters noted in the ODG were employed such physical therapy can be completed at home and this device is not supported. This is not determined to be medically necessary.