

Case Number:	CM14-0142589		
Date Assigned:	09/10/2014	Date of Injury:	08/11/2011
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier left shoulder surgery; unspecified amounts of physical therapy; and MR arthrography of the left shoulder of March 30, 2014, reportedly notable for a new labral tear and partial-thickness rotator cuff tear. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a home exercise kit, invoking non-MTUS ODG Guidelines which were, moreover, incongruous with the unfavorable decision. The applicant's attorney subsequently appealed. In a July 31, 2014 office visit, the applicant was described as six days removed from earlier left shoulder rotator cuff repair surgery. The applicant was using Keflex though was no longer using Norco, Prilosec, or Xanax, it was stated. Limited shoulder range of motion was noted. The applicant was placed off of work, on total temporary disability. Authorization was apparently sought for a rehabilitation kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of [REDACTED] home rehabilitation kit: 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 in Worker's Compensation, Online Edition, Shoulder Chapter, Home exercise kits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The home exercise kit at issue, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider has not outlined the purpose for the rehabilitation kit in question and/or stated why the applicant cannot rehabilitate through more conventional means such as physical therapy, home exercises, etc. Therefore, the request is not medically necessary.