

Case Number:	CM14-0163232		
Date Assigned:	10/08/2014	Date of Injury:	07/26/2012
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation 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:

This 43 year-old patient sustained an injury on 7/26/12 while employed by [REDACTED]. Request(s) under consideration include Outpatient system shoulder kit for therapy. Diagnoses include rotator cuff sprain/ shoulder joint pain/ adhesive capsulitis s/p postsurgical status with left shoulder rotator cuff repair, Mumford procedure, biceps tenodesis and decompression on 3/4/13, over 1-1/2 years ago. Report of 6/25/14 from the provider noted patient post left arthroscopy with continued chronic persistent impingement pain and stiffness, awakening him at night and interfering with ADLs. Exam showed shoulder with impingement sign; restricted range with subacromial tenderness. X-ray of left shoulder showed type II acromial configuration. The shoulder kit system was dispensed. The request(s) for Outpatient system shoulder kit for therapy was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient system shoulder kit for therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME), pages 297-298, 309

Decision rationale: This 43 year-old patient sustained an injury on 7/26/12 while employed by [REDACTED]. Request(s) under consideration include Outpatient system shoulder kit for therapy. Diagnoses include rotator cuff sprain/ shoulder joint pain/ adhesive capsulitis s/p postsurgical status with left shoulder rotator cuff repair, Mumford procedure, biceps tenodesis and decompression on 3/4/13, over 1-1/2 years ago. Report of 6/25/14 from the provider noted patient post left arthroscopy with continued chronic persistent impingement pain and stiffness, awakening him at night and interfering with ADLs. Exam showed shoulder with impingement sign; restricted range with subacromial tenderness. X-ray of left shoulder showed type II acromial configuration. The shoulder kit system was dispensed. The request(s) for Outpatient system shoulder kit for therapy was non-certified on 9/3/14. Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The Outpatient system shoulder kit for therapy is not medically necessary and appropriate.