

Case Number:	CM14-0099212		
Date Assigned:	09/16/2014	Date of Injury:	11/19/2013
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 11/19/2013. The listed diagnoses per [REDACTED] are: 1. Herniated cervical disk C4-C5, C5-C6, and C6-C7. 2. Left shoulder bursitis. 3. Left shoulder impingement syndrome. 4. Left hand sprain/strain, rule out CTS. 5. Left wrist sprain/strain. 6. Bilateral knee sprain/strain. According to progress report 04/29/2014, the patient presents with neck, left shoulder, and left wrist complaints. The patient also complains of depression secondary to pain. The patient reports 45% improvement with physical therapy. Examination revealed decreased range of motion in the cervical spine with positive Spurling's and spasm. Examination of the left shoulder revealed positive crepitus and tenderness of rotator cuff. Examination of the left wrist revealed positive Phalen's and Tinel's and tenderness over the distal radial ulnar junction. This is a request for home exercise kit for cervical spine and left upper extremity. Utilization review denied the request on 05/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for cervical spine, left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck, left shoulder, and left wrist complaints. The treating physician is requesting a home exercise kit for neck and left shoulder. The ACOEM, MTUS, and ODG do not discuss shoulder exercise kits. However, exercise is recommended in the guidelines. ODG specifically recommends exercise for the shoulder for multiple disorders. ODG states, "Shoulder disorder may lead to joint stiffness more often than other joint disorders. Therapeutic exercise including strengthening should start as soon as it can be done without aggravating symptoms." In this case, ODG recommends exercise kits for shoulder issues. This request is medically necessary.