

Case Number:	CM15-0177423		
Date Assigned:	09/18/2015	Date of Injury:	12/05/2014
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male, who sustained an industrial injury on 12-05-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical herniated disc protrusion with left upper extremity radiculopathy, rule out brachioplexopathy, blunt head trauma with postconcussive syndrome, left shoulder myoligamentous injury, left elbow partial tear of the common extensor tendon and lateral collateral ligament, lumbar herniated disc with left lower extremity radiculopathy, lumbar myoligamentous injury with right lower extremity radiculopathy, reactionary depression-anxiety, and medication induced gastritis. Treatment and diagnostics to date has included physical therapy, cervical spine MRI, lumbar spine MRI, left elbow MRI, Left shoulder MRI, and use of medications. Current medications include Percocet, Zanaflex, Neurontin, Topamax, Anaprox DS, Prilosec, and medical marijuana. Electromyography and nerve conduction velocity studies report dated 06-08-2015 stated "all nerve conduction studies were within normal limits". In a progress note dated 07-16-2015, the injured worker reported "pain in his neck with constant headaches that is loud ringing in his right ear which radiates down to his left shoulder and left upper extremity with numbness in his left hand". Objective findings included tenderness to palpation over the left shoulder with decreased range of motion. The treating physician stated that the left shoulder MRI dated 02-18-2015 is "essentially normal. There is a 3 to 4mm subchondral cyst involving the posterolateral aspect of the humeral head". The Utilization Review with a decision date of 08-18-2015 non-certified the request for shoulder rehab kit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder rehab kit purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Home Exercise Kits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Home exercise kits.

Decision rationale: The claimant sustained a work injury in December 2014 when, while working inside a column that was being filled with concrete, the concrete hose broke and he was struck by debris and wet concrete. He continues to be treated for neck and low back pain, left shoulder pain, and postconcussive syndrome. When seen, there was decreased shoulder range of motion with tenderness. Treatments have included physical therapy. Authorization is being requested for a home exercise kit for the shoulder. An exercise kit as part of a self-directed home exercise program for the shoulder is recommended. Components such as a home pulley system and TheraBands can be used for range of motion and strengthening which can be performed as often as needed/appropriate and without requiring ongoing skilled therapy. The request is medically necessary.