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| Case Number: | CM15-0069397 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 04/28/2014 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 23-year-old female, who sustained an industrial injury on 4/28/2014. She reported pain in her neck, upper back, and right shoulder, while assisting a disabled person with transferring. The injured worker was diagnosed as having cervical strain, scapulothoracic strain, thoracic strain, and right shoulder tendinitis. Treatment to date has included therapy, acupuncture, diagnostics, and medications. Arthroscopic surgery to the right shoulder was performed 3/25/2015. Durable medical equipment requested included a shoulder rehabilitation kit for purchase. On 3/30/2015, her wound was clean and range of motion was to begin.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) Home Rehabilitation Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212.

Decision rationale: This 23 year old female has complained of right shoulder pain since date of injury 4/28/14. She has been treated with shoulder surgery, acupuncture and medications. The

current request is for DME (durable medical equipment) Home Rehabilitation Kit. The available medical records do not document the provider rationale for this request and use of this kit versus a traditional physical therapy program. Based on the available medical records and per the ACOEM guidelines cited above, DME (durable medical equipment) Home Rehabilitation Kit is not indicated as medically necessary.