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| Case Number: | CM13-0052781 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/20/2008 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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:

This patient is a 59-year-old male with date of injury of 5/11/10. The patient's listed diagnoses are industrial injury of the bilateral upper extremities; status post left shoulder arthroscopy (2011); bilateral shoulder, hand, elbow pain, and bilateral shoulder osteoarthritis; Synvisc-One injection in the right shoulder under fluoroscopic guidance with some relief; status post three Euflexxa injections for the right shoulder (2013); and MRI of the right elbow that showed tendinopathy and chondromalacia. The recommendation was for ice, anti-inflammatories, self-directed stretching, strengthening exercises, and may require repeat Euflexxa injection in the future. Examination shows right shoulder abduction 150 degrees, external rotation 65 degrees, muscle strength at 4-/5. Right elbow showed full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Request For The Purchase Of A Small Physioball For Scapular Stabilizing Exercises:
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.

Decision rationale: The Official Disability Guidelines extensively discuss the effectiveness of progressive muscle strengthening and generalized exercise program for various different shoulder conditions. A small physioball for scapular stabilizing can be effectively used at home to encourage home exercises. As such, the request is certified.

The Request For The Purchase Of #3 Dumbbells For Rotator Cuff Exercises: 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.

Decision rationale: The Official Disability Guidelines state that high-intensity strength training for the neck and shoulders is quite effective in managing various different types of shoulder conditions. Progressive strengthening exercises can be best achieved with the use of dumbbells, and the studies that the OGD cites do make reference to use of dumbbells for progressive strengthening exercises. Therefore, the request is certified so that the patient can effectively perform progressive strengthening exercises at home.

The Request For A Theraskin Posture Shirt: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Despite extensive perusal of the guidelines, including MTUS, ACOEM, and the Official Disability Guidelines, there is not a mention of a TheraSkin posture shirt. There appears to be a lack of any medical evidence for this particularly device and maintaining proper posture of the shoulder and scapula. Without evidence to the effectiveness of the TheraSkin posture shirt, this particular item cannot be recommended for authorization. The request is non-certified.

The Request For The Purchase Of Rubber Tubing For Rotator Cuff Resisted Exercises: 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.

Decision rationale: While rubber tubing is not specifically mentioned, the Official Disability Guidelines extensively discuss progressive strengthening programs as an effective treatment for various different shoulder conditions. Rubber tubing is simple, inexpensive item that can be used at home to provide effective resistive exercises. The request is certified.