

<b>Case Number:</b>	CM13-0042742		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Indiana, Illinois and Texas. 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 physician 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 61-year-old female who reported a work-related injury on 02/01/2013 as result of repetitive motion to the bilateral upper extremities and cervical spine. The patient presents for treatment of the following diagnoses: bilateral hand pain, cervical spine pain radiating to the left shoulder, left shoulder pain, right 5th finger pain, and aggravation of high blood pressure due to chronic pain. The clinical note dated 08/22/2013 reports a Doctor's First Report of Occupational Injury or Illness under the care of [REDACTED]. The provider documents upon physical exam of the patient's left shoulder, flexion was noted to be at 125 degrees, extension 38 degrees, abduction 120 degrees, adduction 40 degrees, internal rotation at 80 degrees, external rotation at 80 degrees. The provider subsequent to a physical exam of the patient recommended multiple interventions to include physical therapy for the cervical spine, left shoulder, and bilateral hands, an OrthoStim, nerve conduction studies of the bilateral upper extremities, and diagnostic ultrasound study of the left shoulder. Follow-up clinical note dated 09/25/2013 reports the patient was seen under the care of [REDACTED], chiropractor; the note was difficult to interpret due to poor photocopy quality and illegible penmanship. However, the provider did request authorization for a home shoulder exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Exercise Kit E1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** The current request is not supported. The clinical notes failed to evidence the patient's range of motion about the left shoulder continues to have deficits status post a work-related injury sustained in 02/2013 to support the requested durable medical equipment. The clinical notes do not document any physical therapy progress notes evidencing the patient has failed to progress with active treatment modalities in a supervised therapeutic program. Chronic Pain Medical Treatment Guidelines/ACOEM do not specifically address the request; however, Official Disability Guidelines indicate durable medical equipment is supported generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Home exercise kits are recommended as an option where active, self-directed home physical therapy is recommended. However, given all of the above, the request for shoulder exercise kit E1399 is not medically necessary or appropriate.