

<b>Case Number:</b>	CM13-0059179		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery 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 62-year-old who was injured in a work related accident on 12/03/08. The clinical records provided for review documented that the claimant has been treated for right shoulder complaints with a recent 10/17/13 assessment noting ongoing right shoulder and low back pain. Physical examination on that date showed "tenderness" to the shoulder with documentation of weakness. The claimant's working diagnosis on that day was right shoulder rotator cuff tear and tendinosis status post surgery "times two," the first in March of 2009 with a subacromial decompression and debridement, and the second in January of 2011 with an open rotator cuff repair for rotator cuff tearing. At present, there is a request for a home exercise kit with "installation" for further treatment in this claimant's course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOULDER HOME EXERCISE REHAB KIT AND INSTALLATION FEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Home Exercise Kit Section.

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, the request for a home exercise kit cannot be supported. While the ODG Guidelines support the use of home exercise kits, this claimant is status post two prior surgical processes to the shoulder that required significant courses of postoperative physical therapy for an injury that is greater than six years old. It is not clear for the documentation provided for review why the claimant would not be well versed on an aggressive home exercise program or fundamentally sounds on strengthening techniques to the shoulder at this point in his recovery. Given the claimant's chronic treatment to the shoulder rendered and timeframe from the initial event, the specific request in this case would not be medically necessary.