

<b>Case Number:</b>	CM14-0105002		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/11/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Pain Management 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 is a patient with a date of injury of 2/11/03. A utilization review determination dated 6/9/14 recommends non-certification of a resistance chair exercise unit with FreedomFlex Shoulder Stretcher. 5/12/14 medical report identifies right shoulder increased range of motion (ROM) and Activities of Daily Living (ADLs) after physical therapy (PT). On exam, there is tenderness, positive impingement and cross arm testing, and crepitus. ROM is limited and strength is 4/5 in all planes of motion. Recommendations include additional PT, home exercise, medications, and a resistance chair exercise unit with FreedomFlex Shoulder Stretcher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Resistance Chair Exercise unit with Freedom Flex Shoulder Stretcher QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Regarding the request for Resistance Chair Exercise unit with Freedom Flex Shoulder Stretcher, CA MTUS does support the use of independent home exercise, but they note that there is not sufficient evidence to support the recommendation of any particular exercise

regimen over any other exercise regimen. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. These programs are typically designed without the need for specialized equipment and there is no rationale identifying why a home exercise program without equipment would be insufficient to address the patient's remaining functional deficits. In light of the above issues, the currently requested Resistance Chair Exercise unit with Freedom Flex Shoulder Stretcher is not medically necessary.