

<b>Case Number:</b>	CM14-0111485		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 59 year old female with a reported date of injury on 10/15/2007. The injured worker's diagnoses included left shoulder supraspinatus tear. The injured worker underwent left shoulder surgery in 2010. The MRI dated 01/07/2004 revealed partial left supraspinatus tear. The plan of care includes to obtain an MRI of the right shoulder to document rotator cuff pathology, and the request for a home exercise kit. Previous conservative care was not provided within the documentation available for review. The injured worker's complaints and subjective findings, as well as medication regiment, were not provided within the documentation. The Request for Authorization for home shoulder exercise kit purchase for the right shoulder was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Shoulder exercise kit purchase for the right shoulder:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines state Flexionators are under study for adhesive capsulitis. According to other studies, outcomes from regular PT and the natural history of adhesive capsulitis are about as good. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. The rationale for the request was not provided in the documentation available for review. Previous therapies were not provided within the documentation. Therefore, the request for a home shoulder exercise kit purchase for the right shoulder is non-certified.