

<b>Case Number:</b>	CM14-0169376		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

The patient is a 50-year-old female with an injury date of 02/02/2012. Based on the 06/25/2014 progress report, the patient has a droopy left upper eyelid, her eyes feel irritated, her eyes hurt, she has a blurry vision, and headaches which can be severe. The patient has not returned to work after her injury. The patient also has neck, shoulder, and other orthopedic injuries. In the 09/22/2014 progress report, the patient complains of intermittent moderate left shoulder, left wrist, and left knee pain, as well as headaches and left eye pain, and prolonged standing and sitting increases her pain. In regard to both the left shoulder and left knee, the patient has a decreased range of motion and tenderness. The patient's diagnoses include the following: 1. Trauma/contusion injury to head. 2. Trauma/contusion, face, left eye, and adnexa. 3. Ptosis, left upper eyelid. 4. Headaches and blurry vision following injury. 5. Preexisting narrow angles, pinguecula, and refractive error; unrelated to and unaffected by injury. The utilization review determination being challenged is dated 09/29/2014. Treatment reports were provided from 04/07/2014 - 09/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Home Exercise Kit:** Overturned

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

**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, exercise kit

**Decision rationale:** According to the 09/22/2014 progress report, the patient complains of having left shoulder pain, left wrist pain, left knee pain, headaches, and left eye pain. The request is for a shoulder home exercise kit. The report with the request was not provided. The rationale is that it is unclear what a shoulder exercise kit is and why it is necessary for this claimant who is a nonsurgical candidate. Exercise is recommended in MTUS, ACOEM, and the ODG guidelines. ODG also supports "exercise kit" under shoulder chapter. Although the "exercise kit" is not delineated, given the strong support for exercise in general, any specific recommendation for an exercise kit found under shoulder chapter, the current request appears reasonable. Request is medically necessary. Although the "exercise kit" is not delineated, given the strong support for exercise in general, any specific recommendation for an exercise kit found under shoulder chapter, the current request appears reasonable. Recommendation is for authorization.