

<b>Case Number:</b>	CM14-0174886		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

Injured worker (IW) is a 49 year old female who sustained an injury to the neck and shoulder on 10/17/03. Per 05/09/14 AME report, she was pulling a rack from a cart and lost her footing, causing her to fall backwards and strike her head and neck against a wall. She is s/p cervical fusion procedures in 2006 and 2008, as well as 2008 right shoulder surgery for rotator cuff repair, decompression, and distal clavicle resection. Office notes document complaints of persistent neck and right shoulder pain, with decreased range of motion and tenderness on physical exam. 03/12/14 office note stated that claimant reported worsened pain with physical therapy to the shoulder. Right shoulder MR arthrography in January 2014 showed evidence of a recurrent rotator cuff tear. Shoulder PT was discontinued and PT was initiated for the neck. 05/13/14 surgical second opinion note recommended repeat right shoulder surgery. A home exercise kit was requested. 08/20/14 pain psychology note stated that IW "...does not engage in any form of self-directed exercise having abandoned her walking regimen due to fatigue and poor motivation." Significant fear avoidance behaviors were noted. 09/10/14 a suprascapular nerve block injection was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home shoulder exercise kit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Physical therapy

**Decision rationale:** MTUS recommends home exercises but is silent concerning exercise equipment. ODG Shoulder Chapter recommends the use of home exercise kits. ODG Shoulder Chapter physical therapy recommendations state "Use of a home pulley system for stretching and strengthening should be recommended." Despite the documented poor compliance with previous home exercises, IW may benefit from a home exercise kit used with instruction and supervision by health care professionals. This is particularly important if the proposed repeat shoulder surgery is completed. Medical necessity is established for the requested home exercise kit, and the requested equipment is consistent with evidence-based recommendations.