

<b>Case Number:</b>	CM14-0175119		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/02/2014
<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 Physical Medicine & 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:

This patient is a 70 year old male with a date of injury of 3/19/14. The listed diagnoses per [REDACTED] are left shoulder sprain/strain, fracture of pelvis, and bilateral hip strain/sprain. Progress report 9/26/14, states "RX only" and request was made for physical therapy 2x4 for the shoulder and hip. The reports are handwritten and partially illegible. Report 9/17/14 states that the patient reports improvement in pelvis and left shoulder pain with physical therapy and acupuncture. Treater notes "significant" improved function, increased mobility and decreased pain intensity. Progress reports are limited and there are no physical examinations. The request is for 2 home exercise kits: for shoulder (shoulder wand, pulley with handle, exercise band kit, towel, travel bag); for hips (air pillow, water weight bag, exercise band kit, towel, travel bag) and 8 physical therapy visits. Utilization review denied the request on 10/2/14. Treatment reports from 6/5/14 through 10/26/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 request for 2 home exercise kits: for shoulder (shoulder wand, pulley with handle, exercise band kit, towel, travel bag); for hips (air pillow, water weight bag, exercise band kit, towel, travel bag):** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home exercise kits under the Shoulder (Acute & Chronic) Chapter

**Decision rationale:** This patient presents with left shoulder and pelvis pain. The request is for a home exercise kit: for shoulder (shoulder wand, pulley with handle, exercise band kit, towel, travel bag). ODG guidelines state the following regarding Home exercise kits under the Shoulder (Acute & Chronic) section, "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)" ODG recommends exercise kits for shoulder issues. The request is medically necessary.

**8 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with left shoulder and pelvis pain. The request is for 8 physical therapy visits. For physical medicine, the MTUS guidelines pages 98, 99 recommends for myalgia and myositis type symptoms 9-10 sessions over 8 weeks. Physical therapy report 8/28/14 states that patient's pain level is 1-2/10 and she has made good progress in therapy and the patient with "discharge." [REDACTED] appeal letter states that he is requesting additional therapy "to transition her on the home exercise program, as well as instruct her on the use or the equipment from the home exercise kits." The treater is requesting additional sessions to help transition patient to a HEP; however, review of physical therapy treatment reports notes that the treatment program includes "work conditioning, stretching, HEP, electrical stimulation" Prior treatment sessions have already included instructions on a HEP. Furthermore, the request for additional 8 sessions with the 18 already received exceeds what is recommended by MTUS. The request is not medically necessary.