

Case Number:	CM14-0179486		
Date Assigned:	11/03/2014	Date of Injury:	03/09/2011
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 49 year old with an injury date on 3/29/11. Patient complains of ongoing right shoulder pain/stiffness per 7/7/14 report. Patient is not currently taking any medications, physical therapy was denied, and he is not progressing in prior 3 months of a home exercise program. Based on the 9/26/14 preliminary treatment and disability information form provided by [REDACTED] the diagnosis is s/p right shoulder scope Exam on 7/7/14 showed "motion deficits in his right shoulder compared to left shoulder. Abducts to 60 versus 110." Patient's treatment history includes a home exercise program, and no medications or physical therapy. [REDACTED] is requesting flex bar for home use. The utilization review determination being challenged is dated 10/13/14 and denies request as patient has not progressed in his home exercise program, and in the absence of an independent HEP, the use of a flex bar is precluded. [REDACTED] is the requesting provider, and he provided treatment reports from 7/7/14 to 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flex Bar for home use: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation Oline Edition Chapter:Shoulder: 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: This patient presents with right shoulder pain and s/p arthroscopy, distal clavicle excision of right shoulder from 11/7/13. The treater has asked for FLEX BAR for home use on 9/26/14. Regarding home exercise kits for the shoulder, ODG states they are 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. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. In this case, the patient has been denied physical therapy, and has not been progressing despite 3 months of a home exercise program. The requested flex bar for home use appears reasonable for patient's ongoing home exercise program. Recommendation is for authorization.