

Case Number:	CM14-0028556		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2011
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old female who reported an injury on 03/01/2011. The mechanism of injury was not provided. On 01/21/2014, the injured worker presented with neck and bilateral shoulder pain. She also reported numbness and tingling down the bilateral arms. Upon examination of the cervical spine, there was tenderness to the C4 to C7 and associated paraspinal muscles, upper trapezius muscles, and levator scapulae. There was a positive Spurling's test bilaterally. Upon examination of the thoracic spine, there was tenderness in the thoracic spine at T2 to T6 and associated paraspinal muscles with a positive Soto Hall test bilateral. The diagnoses were status post right shoulder arthroscopy; left shoulder tendinitis/impingement syndrome, rule out internal derangement tear; lumbar spine sprain/strain, rule out herniated disc; cervical spine radiculitis; and thoracic spine myofascitis. Prior treatment included medications. The provider recommended a home shoulder exercise kit to continue home physical therapy program. The request for authorization was dated 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - HOME SHOULDER EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter on low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise
Page(s): 46-47.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that exercise is recommended. There is strong evidence that exercise programs including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. As the Guidelines do not recommend any particular exercise regimen over the other, a home shoulder exercise kit would not be indicated. The contents that are included in the exercise kit were not provided. As such, the request for DME-home shoulder exercise kit is not medically necessary and appropriate.