

Case Number:	CM14-0031538		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2010
Decision Date:	08/06/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in Texas. 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 59-year-old male who sustained an industrial injury on 6/16/2010, due to cumulative trauma. The patient is status post right shoulder arthroscopic debridement, synovectomy, subacromial decompression and Mumford procedure on 9/26/2013. He has completed 24 post-operative PT sessions for the shoulder. According to the PTP progress report dated 2/14/2014, the patient presents for a follow-up for the right shoulder, he is 4 months postop. Physical examination documents slight elevation of the right shoulder, tenderness of the two well healed arthroscopic incisions, diffuse tenderness to palpation, trigger points over the upper trapezius bundles, flexion and abduction to 170 degrees, extension to 20 degrees, internal and external rotation to 60 degrees, and 4/5 muscle strength on flexion, abduction, and internal and external rotation. Diagnosis is right shoulder arthroscopy post-operative 09/25/13. Since further PT has been denied, it will be stopped. Request is for home exercise kit for the right shoulder. An FCE is also requested. The patient remains on TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Rehabilitation Kit Purchase for the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, online edition. Chapter: Shoulder, Home exercise kits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Physical Medicine Page(s): 46, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home exercise kits.

Decision rationale: According to the CA MTUS guidelines, 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 guidelines also state, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Official Disability Guidelines recommend home exercise kits for the shoulder. The medical records reflect the patient has undergone a full course of supervised post-operative therapy over the course of several months. He presently demonstrates residual deficits on examination, which can be effectively addressed with utilization of a self-directed home exercise program, which is equally efficacious to supervised therapy. In addition, such a program for shoulder ROM and strengthening would benefit from access to general exercise equipment to effectively utilize an HEP. The medical records establish medical necessity of the request. Given all the above the request is medically necessary.