

<b>Case Number:</b>	CM14-0035553		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/03/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 48-year-old male with date of injury of 06/03/2007. The listed diagnoses per [REDACTED] dated 03/31/2014 are: 1. Cervical spine sprain/strain. 2. Cervical disk syndrome. 3. Lumbar spine sprain/strain. 4. Lumbar radicular symptoms. 5. Lumbar disk syndrome. 6. Status post left shoulder surgery on 12/06/2013. 7. Left knee sprain/strain, rule out meniscus tear. 8. Rotator cuff syndrome. 9. Insomnia, referred to appropriate specialist. 10. Anxiety, referred to appropriate specialist. According to this report, the patient complains of neck pain at a rate of 7/10, low back pain at a rate of 8/10, and left knee pain at a rate of 7/10. The patient is reporting focal back pain with episodes of cramping in the right lower extremity. The patient states that he has not undergone postoperative physical therapy following left shoulder surgery. He is reporting difficulties with performing activities of daily living including lifting overhead and carrying objects with his left upper extremity. The patient is engaged in home-based exercises, and he reports GI upset with pain medications. The physical exam shows upper extremity motor exam on both the left and the right of the shoulders, wrist, elbow, and fingers are within normal limits. Bicep reflex is 2+/4 for the left and the right, brachioradialis reflex is 2+/4 bilaterally, and triceps reflex is 2+/4 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder home exercise kit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (ODG).

**Decision rationale:** This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 12/06/2013. The treater is requesting a shoulder home exercise kit. The MTUS and ACOEM Guidelines do not specifically address home exercise kits. However, ODG on home exercise kits for the shoulder states that it is recommended where home exercise programs are recommended and 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 same exercise group and 20% of the patients in this specific exercise group subsequently chose to undergo surgery versus 63% in the control group. In this case, the ODG Guidelines do recommend shoulder home exercises and a simple home exercise kit may be reasonable to provide. Recommendation is for authorization.