MAXIMUS Federal Services

Case Number:	CM14-0059486		
Date Assigned:	07/09/2014	Date of Injury:	07/25/2010
Decision Date:	08/26/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Ohio. 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 54-year-old female who reported an injury on 07/25/2010. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of right shoulder decompression, status post left shoulder arthroscopic surgery x 2, status post right shoulder arthroscopic surgery, and cervical strain without clinical evidence of radiculopathy. The injured worker's past medical treatment includes physical therapy and medication therapy. An EMG (electromyography) of both upper extremities demonstrated no acute or chronic denervation. The injured worker underwent a right shoulder decompression in 10/2013. The injured worker complained of neck pain that radiated into the left shoulder, pain in both shoulders, pain in the right wrist, and numbness of left long and ring fingers that radiated into the left elbow. No measurable pain level was documented in submitted report. Physical examination dated 05/08/2014 revealed that the injured worker's range of motion of the cervical spine was limited in lateral turning. Flexion was 45 degrees, extension was 56 degrees, lateral to the left was 45 degrees, lateral to the right was 44 degrees, rotation to the left was 72 degrees, and rotation to the right was 72 degrees. Range of motion of the left shoulder revealed a flexion of 177 degrees, an extension of 50 degrees, an abduction of 180 degrees, an adduction of 50 degrees, an internal rotation of 90 degrees, and an external rotation of 90 degrees. Her Tinel's sign was positive over the left median nerve at the wrist and negative at the right wrist. Tinel's was positive over the ulnar nerve at the left elbow and negative at the right elbow. Motor strength revealed that it was 5/5 in both upper and lower extremities. Her tone and bulk were normal in both upper and lower extremities. Her muscle strength reflexes were 2+/4 in both upper and lower extremities. The injured worker showed a decreased sensation to pinprick over the left ulnar nerve distribution. Sensation was intact over the right upper extremity and both lower extremities. Medication the injured worker was prescribed was Ultram. There was no

duration, dosage, or frequency documented in the submitted report. The current treatment plan is for the purchase of a home shoulder exercise kit. The rationale and the authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Shoulder exercise kit, purchase: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s) 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Exercises.

Decision rationale: The request for home shoulder exercise kit, purchase is not medically necessary. The injured worker complained of neck pain that radiated into the left shoulder, pain in both shoulders, pain in the right wrist, and numbness of left long and ring fingers that radiated into the left elbow. The CA MTUS guidelines state 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. Official Disability Guidelines state that a home exercise kit is recommended. A specific shoulder home exercise program would locate 69% good outcome versus 24% in the same exercise group, and 20% of patients in this specific exercise group subsequently chose to undergo surgery versus 63% of the controlled group. The injured worker has been provided prior physical therapy and should be well versed in a home exercise program to address any deficits. Furthermore, it is not indicated or specified in the submitted request as to which shoulder the exercise kit would be used on. As in the submitted report, there was no pain to the injured worker's right shoulder. As such, the request for the purchase of a home shoulder exercise kit is not medically necessary.