

Case Number:	CM14-0075326		
Date Assigned:	07/18/2014	Date of Injury:	04/07/2012
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 37 year old male with an injury date on 04/07/2012. Based on the 01/24/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right knee industrial injury, April 7, 2012. 2. Status post right medial meniscus repair June 2012. 3. MRI scan confirmed right medial meniscus re-tear. According to this report, the patient complains of right knee pain due to meniscus tear. Musculoskeletal exam reveals muscle cramps, stiffness, swelling joints, joint pain, and trouble walking. There were no other significant findings noted on this report. [REDACTED] is requesting shoulder home exercise kit. The utilization review denied the request on 04/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/24/2014 to 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME SHOULDER EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding gym membership (shoulder): ODG guidelines on Exercise for

Chronic pain: 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burlinson, 2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008) This meta-analysis concluded that there is gold level evidence that supervised aerobic exercise training has beneficial effects on physical capacity and fibromyalgia syndrome (FMS) symptoms, and strength training may also have benefits on some FMS symptoms. (Busch-Cochrane, 2007).

Decision rationale: According to the 01/24/2014 report by [REDACTED], the patient presents with right knee pain due to a meniscus tear. The current request, however, is for a shoulder exercise kit. The progress report and request for authorization containing this request is not included in this file to determine whether or not the request is actually for knee exercise kit. Nonetheless, the utilization review denial letter from 4/29/14 denied the requested shoulder exercise kit. When reading the guidelines, exercise kits are allowed for shoulder and knee conditions per ODG guidelines. In this case, an exercise kit may be indicated but the reports provided do not discuss shoulder condition. The patient presents with knee condition. Despite a thorough review of the reports, I am unable to determine that the request is for a knee exercise kit. Therefore, the request is not medically necessary.