

Case Number:	CM14-0076948		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2013
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic Surgery 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:

This 43-year-old female cook sustained an industrial injury on 8/23/13. Injury occurred when she lifted a heavy pot above shoulder height and felt a pop in her left shoulder and low back pain. She underwent left shoulder open rotator cuff repair, coracoacromial ligament release and acromioplasty on 2/10/14. Physical therapy was initiated post-operatively. The 4/17/14 initial treating physician report cited constant sharp grade 7/10 left shoulder pain. Shoulder pain increased with rotation, reaching overhead, lifting, carrying, pushing, pulling, and sleeping. There was instability of the left shoulder with clicking, popping, and grinding sensations. Complaints also included swelling, numbness, tingling, weakness, and burning-type sensations. Additional low back and lower extremity complaints were noted. Shoulder range of motion testing documented flexion 10, abduction 10, extension 5, adduction 5, and internal/external rotation 5 degrees with pain in all planes. Impingement and Apley's tests were positive. The treatment plan relative to the left shoulder included physical therapy 2x4 and an exercise kit for home use. The patient was reported capable of modified duty. The requested shoulder rehabilitation kit contained a Swiss ball, backnobber, resistance tubes, lumbar chair support, torso strap, instruction book and installation fee. The 5/22/14 utilization review denied the request for a home exercise kit as there was no documentation that the patient had had post-operative physical therapy with appropriate instruction in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder, home exercise rehabilitation kit: Upheld

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

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

Decision rationale: The California MTUS supports the use of exercise for patients in the post-operative period. Exercise programs are reported superior to treatment programs that do not include exercise. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of this pre-packaged generic shoulder exercise kit over an individualized home exercise program designed by the patient's physical therapist. Therefore, this request for left shoulder home exercise rehabilitation kit is not medically necessary and appropriate.