

Case Number:	CM14-0085428		
Date Assigned:	07/23/2014	Date of Injury:	01/09/2012
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The injured worker at right shoulder arthroscopy with a Mumford procedure performed on 10/22/2013. Post-operatively, the injured worker has gone to physical therapy and has been instructed on a home exercise program. Clinic notes from 3/12/2014, document active range of motion of 130 degrees of forward elevation, 60 degrees of external rotation, internal rotation to 65 degrees, and abduction to 130 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise resistance chair with shoulder stretcher: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home exercise kits.

Decision rationale: Following the Official Disability Guidelines (ODG), home exercise kits are not supported in the treatment of shoulder related issues. Though the Medical Treatment Utilization Schedule (MTUS) guidelines do not specifically address the use of an exercise chair

with shoulder stretcher, following current Official Disability Guidelines (ODG) guidelines and the lack of evidence supporting the use of such a device in the current level one peer review journal articles to date, the request for use of the exercise chair with shoulder stretcher is deemed non-certified. The injured worker also has continually made strides with range of motion through physical therapy and home exercises as documented with current clinic notes from the treating provider and the physical therapy. Therefore, the current request is considered not medically necessary and is not approved.