

Case Number:	CM14-0011823		
Date Assigned:	04/21/2014	Date of Injury:	08/23/2012
Decision Date:	04/13/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 8/23/12. On 1/29/14, the injured worker submitted an application for IMR for review of Home Exercising Kit for Purchase for the Right Shoulder. The treating provider has reported the injured worker complained of stiffness with overhead full forward flexion after completing a course of physical therapy. The diagnoses have included right shoulder rotator cuff tendinitis. Treatment to date has included status post right shoulder arthroplasty with mini open rotator cuff repair and biceps Tenodesis (2/1/13); physical therapy, home exercise; medications. On 1/17/14 Utilization Review non-certified Home Exercising Kit for Purchase for the Right Shoulder. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercising Kit for Purchase for the Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines shoulder chapter-Home exercise Kits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Shoulder Kits; See Exercises.

Decision rationale: The patient was injured on 08/23/2012 and presents with right shoulder pain. The request is for a HOME EXERCISE KIT FOR PURCHASE FOR THE RIGHT SHOULDER. The RFA is dated 01/10/2014 and the patient is to be released to regular work duty on 12/16/2013. Follow-up is with us in approximately 8 to 10 weeks. At, which time, we will consider him permanent and stationary if he is doing well at work. On 02/01/2011, the patient had a right shoulder diagnostic and operative arthroscopy with mini-open rotator cuff repair and biceps tenodesis. He has stiffness with overhead full forward flexion. Exercise is recommended on MTUS, ACOEM, and ODG Guidelines under Shoulder Chapter on Shoulder Kits section states "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, 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 sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)" The patient does present with shoulder pain. Although the exercise kit is not duly needed, given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. ODG guidelines show significantly better outcomes with the kit than with a sham and less of the people with the kits needed to have surgery. The requested home exercise kit for the right shoulder IS medically necessary.