

Case Number:	CM14-0186528		
Date Assigned:	11/14/2014	Date of Injury:	10/19/2012
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management 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 is a male patient with the date of injury of October 19, 2012. A Utilization Review dated October 6, 2014 recommended non-certification of exercise resistance chair with freedom flex shoulder stretcher. A Progress Report dated September 22, 2014 identifies Subjective Complaints of increased range of motion (ROM), still complains of stiffness and loss of motion. Objective Findings identify flexion 100 degrees, abduction 110, the rest is illegible. Diagnoses identify s/p left shoulder arthroscopy 1/30/14. Treatment Plan identifies request authorization for an exercise resistance chair, to help increase ROM and strength of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Exercise Resistance Chair with Freedom Flex Shoulder Stretcher: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercises.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Static progressive stretch (SPS) therapy

Decision rationale: The Official Disability Guidelines (ODG) states static progressive stretch therapy is recommended as an option for adhesive capsulitis. Within the documentation available

for review, there is no diagnosis of adhesive capsulitis. In addition, it is noted the patient is improving in range of motion. There is no mention that the patient has plateaued or is in need of specialized equipment to continue to make improvements in range of motion (ROM). In the absence of clarity regarding these issues, the currently requested DME: Exercise Resistance Chair with Freedom Flex Shoulder Stretcher is not medically necessary.