

Case Number:	CM14-0187516		
Date Assigned:	11/17/2014	Date of Injury:	06/25/2013
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
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 Medicine, 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 a date of injury of June 25, 2013. A utilization review determination dated October 28, 2014 recommends non-certification of a home exercise kit for a 30-day rental for the left shoulder and cervical spine. A progress note dated September 9, 2014 identifies subjective complaints of left shoulder pain rated at a 5-7/10, the pain is increased with activity, the pain is constant, dull, and with radiation toward the neck. The patient reports improving mobility and has been able to decrease use of pain medication. There is no physical examination available for review. The diagnoses include status post left shoulder surgery and cervical strain/sprain. The treatment plan recommends request for authorization for physical therapy 2 times per week for 3 weeks, request for authorization for acupuncture for 2 times per week for 3 weeks, a prescription for Norco 7.5#30, and a prescription for naproxen 550 mg #60. A physical therapy progress note dated September 22, 2014 identifies that the patient has completed 18 sessions and is recommended to continue with therapy 2 times per week for 6 weeks, and a home exercise kit was requested for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit, Rental 30 days, Left Shoulder and Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127.

Decision rationale: Regarding the request for home exercise kit rental for 30 days for the left shoulder and cervical spine, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested home exercise kit rental for 30 days for the left shoulder and cervical spine not medically necessary.