

<b>Case Number:</b>	CM14-0187529		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 patient with a date of injury of 6/25/13. A utilization review determination dated 10/28/14 recommends non-certification of home exercise kit evaluation and PT. Patient has attended 18 PT sessions for the cervical spine and shoulder. 9/9/14 medical report identifies left shoulder pain 5-7/10, improving mobility and able to decrease use of pain medications. No exam findings are noted. Recommendations include PT, acupuncture, Norco, and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Kit Evaluation x 1, Left Shoulder and Cervical Spine:** Upheld

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

**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 evaluation, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. 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 statement indicating how specialized exercise equipment will improve the patient's ability to perform a home exercise program, as such programs are typically designed to be performed without the need for special equipment. In the absence of such documentation, the currently requested home exercise kit evaluation is not medically necessary.

**Physical Therapy 3xWk x 4Wks Left Shoulder and Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/04/14), Physical Therapy; and Neck & Upper Back (updated 08/04/14), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 of 12.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of 24 prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.