

Case Number:	CM14-0197385		
Date Assigned:	12/05/2014	Date of Injury:	04/19/2013
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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:

Injured worker (IW) sustained an industrial injury when he fell on 04/19/13. He is s/p right shoulder arthroscopy and rotator cuff repair on 07/31/13. 04/16/14 office note documented completion of approximately 24 sessions of postoperative physical therapy. IW reported that the right shoulder was improving. He was now working out at the gym. He reported continued right knee pain/weakness/ mistrust, but had not fallen. He had received no therapy for the knee yet due to healing laceration. On exam, right shoulder range of motion was 150 degrees flexion, 35 degrees extension, 140 degrees abduction, 45 degrees adduction, 40 degrees internal rotation, and 65 degrees external rotation. 4/5 weakness was noted to flexion, extension, abduction, and external rotation. Medications and physical therapy for the knee were prescribed, and IW was placed on work restrictions. 07/14/14 office note documented right shoulder range of motion of 164 degrees flexion, 42 degrees extension, 155 degrees abduction, 42 degrees adduction, 80 degrees internal rotation, and 85 degrees external rotation. 4/5 weakness was noted to flexion, extension, abduction, and external rotation. 07/23/14 PT note stated that neck was feeling better. IW reported right knee pain and intermittent numbness/tingling in the right hand. 08/13/14 right shoulder MR arthrogram showed post-surgical changes with likely degeneration and partial tearing of anterior surgical construct. Small anterior labral tear was noted. 08/26/14 office note documented right shoulder range of motion of 180 degrees flexion, 35 degrees extension, 170 degrees abduction, 45 degrees adduction, 80 degrees internal rotation, and 80 degrees external rotation. 09/08/14 office note stated that it was doubtful that further surgery would help. 10/08/14 office note documented right shoulder range of motion of 170 degrees flexion, 36 degrees extension, 160 degrees abduction, 40 degrees adduction, 75 degrees internal rotation, and 80 degrees external rotation. 4/5 weakness was noted to flexion, extension, abduction, and external rotation. IW was noted to be compliant with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair Exercise & Rehabilitation System with Freedom Flex Shoulder Stretcher: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Shoulder Chapter, Exercises

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Gym memberships; Physical therapy

Decision rationale: Office notes document gradual improvement of shoulder range of motion with IW's current home exercise program, but continued deficits in range of motion and strength. MTUS recommends exercise programs, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any treatment or rehabilitation program, unless exercise is contraindicated." MTUS is silent concerning specific exercise equipment. ODG Shoulder Chapter states: "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." ODG Shoulder Chapter recommends use of a home pulley system for stretching and strengthening. No rationale is documented to support the necessity of the requested home exercise system, as opposed to simple and inexpensive measures such as an over-the-door pulley system or exercise bands. Medical necessity is not established for the requested home exercise equipment.