

Case Number:	CM14-0198052		
Date Assigned:	12/08/2014	Date of Injury:	12/16/1998
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 67 year old male with an injury date on 12/16/98. The patient complains of right shoulder pain, and is making slow and steady progress from right shoulder arthroscopy from 3/14/14, per 8/28/14 report. The patient has "superb" range of motion but continues to have pain located in the biceps region, as intraoperatively, patient was noted to have chronic tear of the biceps tendon per 8/28/14 report. The patient hurt his back and has radiating pain/numbness into bilateral lower extremities, which is helped by physical therapy per 9/9/14 report. Based on the 8/28/14 progress report provided by the treating physician, the diagnoses are: 1. history of left shoulder arthroscopy with rotator cuff repair and biceps tendinosis on 12/14/11. 2. right shoulder diagnostic and operative arthroscopy with rotator cuff repair and full thickness rotator cuff tear, 3/14/14. 3. right knee MRI studies showing severe medial compartment osteoarthritis, medial meniscus tear, degeneration lateral meniscus based on studies on 3/4/13. 4. Left knee on 3/1/13 revealing medial meniscus degeneration with grade III lateral compartment chondromalacia and grade III patellofemoral compartment chondromalacia. 5. synvisc one right knee, multiple times, most recently March 2013, left knee was May 2013 and bilateral knees on 5/22/14. A physical exam on 8/28/14 showed "right shoulder range of motion is full. Manual muscle testing is noted to be 4/5. Tender to palpation over biceps tendon, over bicipital groove." The patient's treatment history includes medications, chiropractic treatments, physical therapy, and viscosupplementation (to the knees), home exercise program. The treating physician is requesting another shoulder rehab kit. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 2/27/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Another Shoulder Rehab Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter (Exercise Kit).

Decision rationale: This patient presents with right shoulder pain, lower back pain, and pain in lower extremities and is s/p right shoulder diagnostic/operative arthroscopy with rotator cuff repair of full thickness 0.5cm rotator cuff tear involving decompression, acromioplasty, and debridement from 3/14/14. The treater has asked for another shoulder rehab kit on 8/28/14. The patient has "continuing deficits in strength, and is having pain in the biceps area, likely due to overcompensation due to the weakness in the rotator cuff" per 8/28/14 report. Treater is also recommending "home physical therapy kit for the right shoulder as the patient can transition from a formal physical therapy program to home physical therapy regimen with assistance of the...kit" per 8/28/14 report. There is no documentation showing patient had prior usage of a home exercise kit for the shoulder, per review of reports form 2/27/14 to 8/28/14. The utilization review letter dated 10/30/14 states that a prior shoulder exercise kit was authorized on 9/9/14. Regarding home exercise kits for the shoulder, ODG states they are 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. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. In this case, the patient has chronic right shoulder pain, with continued deficits in strength. The patient has not had prior usage of exercise kit for the shoulder. The requested exercise kit is indicated per ODG guidelines. However, the utilization review letter states that a prior exercise kit for the shoulder was authorized on 9/9/14. The treater does not explain why a second exercise kit would be necessary. The requested additional shoulder rehab kit is not medically necessary.