

<b>Case Number:</b>	CM14-0203950		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 47 year old male presenting with a work related injury on 02/08/2011. The patient was diagnosed with lateral epicondylitis of the elbow region, sprain of the shoulder and upper arm, and open wound of the fingers. On 10/13/14, the patient complained of left shoulder pain, which had improved significantly. The left elbow pain was rated as 5-6/10 on the pain scale. The physical exam showed tenderness of the left elbow and lack of active flexion of the left upper extremity. A claim was made for a home exercise kit - 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 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Knee & Leg, DME / Low Back, Gym Memberships (Equipment)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 31.

**Decision rationale:** Home exercise kit for the left shoulder Instruction in home exercise may be considered. According to ACEOM "except for cases of fractures, acute dislocations, or infection,

patients may be advised to do early passive range of motion exercise at home. Instructions in proper exercise technique are important and instruction by a physical therapist can educate the patient about the effective exercise program. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The guidelines do not support a specified exercise kit traditionally prescribed and self-administered exercise programs. Therefore, the requested service is not medically necessary.