

Case Number:	CM14-0204302		
Date Assigned:	12/15/2014	Date of Injury:	07/12/2013
Decision Date:	03/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old male who sustained a work related injury July 12, 2013. According to the doctor's first report of occupational injury or illness, dated February 7, 2014, the injured worker lifted a heavy box weighing approximately 85 pounds injuring his left shoulder. A primary treating physician's progress report dated October 17, 2017, noted an left shoulder MRI performed February 11, 2014, reveals rotator cuff tendonitis and AC joint osteoarthritis (MRI report is not present in the case file). According to a primary treating physician's report dated November 14, 2014, the injured worker presented with complaints of intermittent mild 3/10, dull, achy, sharp left shoulder pain and weakness associated with overhead reaching. Physical therapy (PT) is documented to help with increased range of motion. Physical examination reveals the injured worker is 5 feet 6 inches and 197 pounds. The left shoulder reveals range of motion decreased and painful; flexion 175 degrees, extension 50 degrees, abduction 170 degrees, adduction 30 degrees, external rotation 90 degrees, and internal rotation 75 degrees. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus. The supraspinatus press is positive. Diagnoses is documented as; left shoulder bursitis, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain/strain, and left shoulder tenosynovitis. Treatment plan included acupuncture, chiropractic treatment, orthopedic and internal medicine consultations. Work status is documented as temporarily totally disabled until 12/29/2014. According to utilization performed November 18, 2014, the requested shoulder home exercise kit is non-certified. The injured worker may already have this kit, unfortunately the

documentation submitted does not support the kit nor does it clarify its contents. The injured workers status is unknown pending orthopedic evaluation and treatment plan. There is no rationale or guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home exercise kit.

Decision rationale: The request is considered medically necessary as per ODG guidelines. When home exercises and home physical therapy are recommended, a home exercise kit is reasonable to include. There has been significant improvement with home exercise programs in treating shoulder injuries according to one RCT. The patient has already had multiple physical therapy and acupuncture sessions and it is reasonable to continue his home exercise program with the kit.