

Case Number:	CM14-0209243		
Date Assigned:	12/22/2014	Date of Injury:	02/01/2013
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice 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:

63-year-old female claimant sustained a work injury on February 1, 2013 involving the left shoulder and both wrists. And ultrasound of the left shoulder in September 2013 indicated a left shoulder partial rotator cuff tear with possible labral tear. On July 30, 2014 claimant underwent a decompression on his left shoulder for chronic impingement. On October 9, 2014 the claimant had persistent pain in the left shoulder and both wrists. There was tenderness over the acromioclavicular joint and a positive cross arm test. The physician requested a resistance chair exercise system to improve range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.
Page(s): 46.

Decision rationale: According to the guidelines there is strong evidence to use an exercise program that includes aerobic conditioning and strengthening. There is no evidence to support

the recommendation of any particular exercise regimen. The claimant had already been recommended to undergo a postoperative physical therapy. There is insufficient evidence to support the medical necessity for a resistance chair exercise and freedom flex shoulder stretcher.