

<b>Case Number:</b>	CM14-0214773		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 54-year-old female with a date of injury of 6/17/2014. She has evidence of impingement syndrome and has failed nonoperative treatment. She has been approved for a right shoulder arthroscopy with subacromial decompression. The disputed issue pertains to a request for a home exercise kit to be used after the shoulder surgery. This was noncertified by utilization review indicating that a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. This implied that the Kit was not necessary. This has now been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: home exercise kit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** California MTUS chronic pain guidelines recommend active therapy. This form of therapy may require supervision from a therapist or medical provider. Patients are

instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The exercise Kit contains the devices for mechanical resistance and as such, after the initial instruction by the physical therapist it can be utilized at home as part of a home exercise program. Therefore the request for the exercise Kit is medically necessary and appropriate.