

<b>Case Number:</b>	CM14-0067081		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 59 year old male with an injury date of 10/07/13. The 04/01/14 pain management evaluation and 03/15/14 Orthopedic reports states that the patient presents with right shoulder pain radiating into the neck and right hand with associated tingling sensation. Pain is rated 7/10. The patient is out on temporary total disability as of 03/15/14. Examination reveals the patient has difficulty in lifting the right arm above 80 to 90 degrees. Extension or rotation was not more than 60 to 70 degrees with associated pain. Straight leg rising is positive on the right and there are dermatomal changes at the L5-S1 level on the right. The patient's listed diagnoses include: 1. Cervical myoligamentous sprain/strain 2. Ruled out cervical discopathy 3. Spondylolisthesis with disc protrusion at L5-S1 4. Lumbar radiculopathy 5. 4 mm disc protrusion with annular tear at L4-L5 6. Rotator cuff tear, right shoulder 7. Tramadol and sleep medication help, Naprosyn provides GI issues and is discontinued, Prilosec, Norflex, and Amitriptyline are also prescribed. The patient is a candidate for arthroscopy of the right shoulder and decompression as well as repair of the rotator cuff. The treating physician is recommending authorization for LESI and psychological consultation. The utilization review dated 04/16/14 denied the requested home exercise rehab kits-lumbar and shoulder as there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and there is no description of the exact contents of the kit. Reports were provided for review from 01/16/14 to 05/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Home Exercise Rehab Kit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Exercise.

**Decision rationale:** The patient presents with right shoulder pain radiating into the neck and right hand with associated numbness and tingling. The patient's diagnoses include lumbar radiculopathy and spondylolisthesis with disc protrusion at L5-S1. The current request is for Lumbar Home Exercise Rehab Kit. The date of the request is unclear. The 04/16/14 utilization does not state the date of the RFA. The RFA included has an illegible date. ACOEM, MTUS, and ODG Guidelines do not discuss home exercise kits for the lumbar spine. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG guidelines do discuss home exercise kits in the Shoulder and Knee and Leg Chapters. ODG guidelines, Low Back Chapter Exercise topic states that exercise is recommended for treatment and prevention. Key to success is physical activity in any form rather than through any specific activity. The treating physician does not discuss this request in the reports provided. The reports show the patient had received at least 20 acupuncture treatments as of 01/22/14 for the back and shoulder. Back complaints are well documented and the treating physician is requesting for lumbar ESI. In this case, ODG does provide some support for Home Exercise kits in the Shoulder and Knee and Leg chapters, exercise is recommended by ODG and ACOEM for lower back pain and a home exercise kit may be quite helpful in aiding the patient with home exercises. The request is medically necessary.

### **Shoulder Exercise Rehab Kit: Overturned**

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

**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 kits, under Shoulder (Acute & Chronic) Shoulder Chapter, Exercises.

**Decision rationale:** The patient presents with right shoulder pain radiating into the neck and right hand with associated numbness and tingling. The current request is for Shoulder Exercise Rehab Kit. The date of the request is unclear. The 04/16/14 utilization does not state the date of the RFA. The RFA included has an illegible date. ODG guidelines state the following regarding Home exercise kits under the Shoulder (Acute & Chronic) section, "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. ODG, Shoulder Chapter, Exercises,

states, "Recommended. 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." The patient has chronic right shoulder pain and exercise and home exercise kits are recommended for the shoulder per ODG. The request is medically necessary.