

<b>Case Number:</b>	CM14-0086351		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Pain Medicine 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:

This is a patient with a date of injury of May 13, 2013. A utilization review determination dated May 22, 2014 recommends noncertification of a home exercise kit. A prescription dated May 9, 2014 requests a "shoulder exercise kit." A progress report dated May 9, 2014 identifies subjective complaints of left shoulder pain rated as 5/10. Page 2 of the report appears to be missing. Page 3 of the note goes on to state "and should be provided. Furthermore, in order to obtain maximum results, the patient should be instructed on the proper use of these devices in a one-on-one setting by a manufacturer's approved representative."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: home exercise kit purchase: shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home Exercise Kits

**Decision rationale:** Regarding the request for home exercise equipment, Chronic Pain Medical Treatment Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested home exercise equipment is not medically necessary.