

Case Number:	CM15-0138989		
Date Assigned:	07/28/2015	Date of Injury:	07/15/2013
Decision Date:	09/16/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 15, 2013. A progress note dated June 17, 2015 documents subjective complaints (having quite a bit of discomfort), objective findings (wound is healing nicely; mild swelling; wears and Ultra Sling). In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for a shoulder exercise kit purchase. The claims administrator referenced a June 9, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant underwent shoulder open rotator cuff repair procedure, arthroscopic subacromial debridement, and manipulation under anesthesia procedure to ameliorate preoperative diagnoses of chronic shoulder pain, impingement syndrome, status post earlier shoulder surgery, and adhesive capsulitis. On June 25, 2015, the attending provider stated his intent to pursue further shoulder surgery. No mention of the need for an exercise kit on this date. A handwritten note dated June 26, 2015 was likewise difficult to follow, not entirely legible, and made no mention of the need for the exercise kit at issue. On June 18, 2015, the attending provider noted that the applicant had undergone earlier shoulder surgery on June 12, 2015. Staples were removed in the clinic. The applicant was placed off work, on total temporary disability. There was no mention of the need for the shoulder exercise kit at issue at this point, and current diagnoses (status post rotator cuff repair, right shoulder). Treatments to date have included right shoulder rotator cuff repair on June 12, 2015, x-ray of the right shoulder (June 17, 2015; showed that one of the anchors placed during surgery is along the side of the humeral

head), and medications. The medical record indicates that the injured worker would probably have to have the anchors in the shoulder removed. The treating physician documented a plan of care that included a shoulder exercise kit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Exercise Kit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Physical therapy.

Decision rationale: No, the request for a shoulder exercise kit purchase was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that back-specific exercise machines, an article analogous to the shoulder home exercise kit at issue, are deemed "not recommended." Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that there is no recommendation for or against any one form of exercise over another. Here, the attending provider's documentation and commentary on file did not specifically articulate why the home exercise kit at issue was needed or indicated and/or how it would advance the applicant's activity level. While ODG's Shoulder Chapter Physical Therapy topic does state that usage of a home pulley system for stretching and strengthening should be recommended, here, however, the component in the shoulder exercise kit were not clearly identified. The information on file, in short, failed to support or substantiate the request and/or failed to outline how the device in question could be employed to advance the applicant's activity level. Therefore, the request was not medically necessary.