

Case Number:	CM15-0144885		
Date Assigned:	08/05/2015	Date of Injury:	12/13/2012
Decision Date:	09/08/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained an industrial/work injury on 12-13-12. He reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having status post left shoulder arthroscopy with rotator cuff repair. Treatment to date includes medication, surgery, physical therapy, and home exercise program. Currently, the injured worker complained of left shoulder pain, stiffness, and weakness that are improving with therapy. Per the primary physician's report (PR-2) on 6-26-15, exam noted healed surgical scars on the left shoulder, decreased range of motion of the left shoulder with passive elevation to 140 degrees, passive abduction to 130 degrees, internal rotation of 30 degrees, and external rotation of 80 degrees. The requested treatments include home pulley system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home pulley system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Exercises.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Exercise Page(s): 46-47.

Decision rationale: Regarding the request for a home pulley, this is an example of specialized home exercise equipment. The CA MTUS state exercise is recommended but has no provisions for specialized kits or equipment. These guidelines further stipulate that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines (ODG), Shoulder Chapter states the following regarding Home Exercise Kits: "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In the RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)" Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Furthermore, this is not considered standard of care follow shoulder arthroscopy, and the patient is participating in standard post-operative physical therapy already. Due to a lack of documentation demonstrating the need for this equipment, this request is not medically necessary.