

<b>Case Number:</b>	CM15-0145246		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 54 year old male, who sustained an industrial injury on March 19, 2014. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having rotator cuff strain and sprain, shoulder sprain-strain, rotator cuff syndrome and lateral epicondylitis. Treatment to date has included surgery, therapy and medication. A progress note dated June 26, 2015 provides the injured worker complains of neck and left shoulder and elbow pain. Physical exam notes unspecified muscle spasm and joint pain. The plan includes acupuncture, physical therapy, aquatic therapy, occupational therapy and resistance chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Resistance Chair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS does not specifically refer to resistance, but does state "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 exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." The treating physician has not provided clear and specific medical indication for the requested equipment. The treating physician has not detailed any diagnosis or physical findings that would necessitate the requested resistance chair or rationale as to why the patient cannot attend traditional post-operative therapy. As such, the request for Resistance Chair is not medically necessary.