

Case Number:	CM15-0147230		
Date Assigned:	08/24/2015	Date of Injury:	05/25/2011
Decision Date:	09/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/30/2015

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

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 56 year old woman sustained an industrial injury on 5-25-2011. The mechanism of injury is not detailed. Diagnoses include right shoulder strain with impingement syndrome, tendinosis involving the supraspinatus and infraspinatus tendons of the right shoulder, and status post right shoulder surgery. Treatment has included oral medications and surgical intervention. Physician notes dated 6-3-2015 show complaints of residual throbbing and burning pain over the right shoulder with limited range of motion. Recommendations include continue right upper extremity home exercise program, non-steroidal anti-inflammatory medications, and acid pump inhibitor medication, remain open for future diagnostic studies, future course of physical therapy, acupuncture, pharmacological intervention, and home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise rehab kit purchase for right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under exercise kit.

Decision rationale: Based on the 6/3/15 progress report provided by the treating physician, this patient presents with residual throbbing/burning pain over the lateral aspect of her right shoulder. The treater has asked for HOME EXERCISE REHAB KIT PURCHASE FOR RIGHT SHOULDER on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The right shoulder pain radiates into the neck per 1/27/15 report. The patient is s/p right shoulder MRI dated 2/4/15, which showed arthrosis of the acromioclavicular joint, full thickness supraspinatus tendon tear, SLAR tear, anterior labral tear, and bicipital tenosynovitis. The patient states that acupuncture has worsened her symptoms per 5/4/15 report, and reported decrease in motion especially reaching behind. The patient had 18 sessions of physical therapy with some relief per 2/27/15 report. The patient has not had physical therapy in over a month, but when she does therapy with a trainer, it decreases pain per 1/27/15 report. The patient has not had prior use of a home exercise rehab kit for shoulder per review of reports. The patient is able to return to work with restrictions per 5/4/15 report. ODG Shoulder section under exercise kit: Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this 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. Treater has not discussed this request. No RFA was provided either. The patient continues with pain in the right shoulder radiating up to the neck. Given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. Therefore, the request IS medically necessary.

Installation x 1 fee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under exercise kit.

Decision rationale: Based on the 6/3/15 progress report provided by the treating physician, this patient presents with residual throbbing/burning pain over the lateral aspect of her right shoulder. The treater has asked for INSTALLATION X 1 FEE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p right shoulder MRI dated 2/4/15, which showed arthrosis of the acromioclavicular joint, full thickness supraspinatus tendon tear, SLAR tear, anterior labral tear, and bicipital tenosynovitis. The patient states that acupuncture has worsened her symptoms per 5/4/15 report, and reported decrease in motion especially reaching behind. The patient has not had prior use of a home exercise rehab kit for shoulder per review of reports. The patient is

able to return to work with restrictions per 5/4/15 report. ODG Shoulder section under exercise kit: 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. Treater has not discussed this request. No RFA was provided either. Utilization review letter dated 7/10/15 states: "there is no documentation of a need for special equipment for this claimant...the serve as requested, installation x one fee is not medically necessary." The patient continues with pain in the right shoulder radiating up to the neck. Given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. However, the treater does not explain the necessity for an installation fee, ostensibly for the shoulder exercise kit. An exercise kit should be able to be used at home without the need for professional installation fees. Therefore, the request IS NOT medically necessary.