

<b>Case Number:</b>	CM15-0149874		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49-year-old female who sustained an industrial injury on August 14, 2007 resulting in headaches, neck pain, and bilateral shoulder pain. She was diagnosed with rotator cuff syndrome of the left shoulder and allied disorders, and osteoarthritis. Documented treatment has included acupuncture, home exercise and medication, all providing some reported relief. The injured worker continues to report headaches, bilateral shoulder pain, neck pain, and muscle spasms. The treating physician's plan of care includes an exercise rehab chair with flex shoulder stretcher. Report of March 21, 2015 states she can work performing usual and customary duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise rehab chair with flex shoulder stretcher:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task." For back complaints, the guidelines recommended 8-10 sessions over 4 weeks. There is no documentation for the need for rehabilitation chair in this case. There is no documentation of failure of home exercise that justifies a rehab chair. There is no documentation that the patient's shoulder condition requires equipment carried by a rehabilitation chair. Therefore, the request for Exercise rehab chair with flex shoulder stretcher is not medically necessary.