

Case Number:	CM15-0198451		
Date Assigned:	10/13/2015	Date of Injury:	03/11/2013
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 injured worker is a 49 year old female, who sustained an industrial-work injury on 3-11-13. She reported initial complaints of back, head, cervical spine, left shoulder, and left knee pain. The injured worker was diagnosed as having shoulder region tendonitis-bursitis, knee tendinitis-bursitis, cervical sprain-strain, lumbar sprain-strain, cervical radiculopathy, lumbosacral radiculopathy, and ankle tendinitis-bursitis. Treatment to date has included medication, surgery (left shoulder arthroscopy in 1-2015) and physical therapy-12 sessions that were somewhat helpful. Currently, the injured worker complains of residual pain and weakness status post left shoulder arthroscopy with loss of range of motion and strength. Per the primary physician's progress report (PR-2) on 6-15-15, exam noted motor strength of 4 out of 5, reduced flexion and extension of the left upper extremity, well healed surgical incision to left shoulder. Current plan of care includes additional physical therapy sessions and possible surgical intervention. The Request for Authorization requested service to include Retro: Shoulder Exercise kit (DOS 3/23/2015). The Utilization Review on 10-7-15 denied the request for Retro: Shoulder Exercise kit (DOS 3/23/2015), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Shoulder Exercise kit (DOS 3/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Although exercise is recommended, there are no indications that an exercise kit is medically necessary, therefore, the request for retro: shoulder exercise kit (DOS 3/23/2015) is determined to not be medically necessary.