

Case Number:	CM15-0033939		
Date Assigned:	02/27/2015	Date of Injury:	06/20/2014
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 46-year-old male who sustained an industrial injury on 06/20/14. He reports right shoulder and lower back pain. Diagnoses include right shoulder sprain/strain and lumbar spine sprain/strain. Treatments to date include physical therapy, acupuncture, and chiropractic care, per Utilization Review. In the only progress note available for review dated 07/29/14 the treating provider recommends chiropractic therapy, Naproxen, and an interferential unit. On 02/03/15 Utilization Review non-certified a home exercise kit for the right shoulder, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, home exercise kits/home exercise equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, (Exercise Kit).

Decision rationale: This patient presents with right shoulder pain and lower back pain. The treater has asked for HOME EXERCISE KIT FOR RIGHT SHOULDER but the requesting progress report is not included in the provided documentation. The patient has continued deficits in range of motion of the right shoulder, and motor power decreased in right deltoids at 4/5 per 7/29/14 reports. Regarding home exercise kits for the shoulder, ODG states they are recommended. ODG also states: "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. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms." The patient is released to work with restrictions, no overhead work and limited lifting/pushing/pulling up to 35 pounds per 7/29/14 report. In this case, the patient has chronic right shoulder pain, with continued deficits in range of motion and strength. The patient has not had prior usage of exercise kit for the shoulder. The requested exercise kit is indicated per ODG guidelines. The requested shoulder rehab kit IS medically necessary.