

<b>Case Number:</b>	CM15-0042146		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53-year-old female who sustained a work related injury on February 1, 2013, incurring injuries to numerous body parts. Treatment included physical therapy, and pain control. She was diagnosed with a right shoulder impingement, partial rotator cuff tear, acromioclavicular joint arthrosis and partial biceps tendons tear, and low back pain with radiculopathy to the lower extremities. She underwent a right shoulder arthroscopy, decompression and clavicle resection. Currently, the injured worker complained of constant pain and swelling of the right shoulder, post operative and of the lower back pain radiating into the legs with numbness. She previously had a lumbosacral disc replacement and fusion. Treatment included home exercise program and pain medications. The current plan of treatment was requested for authorization included a 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 Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder/Home Exercise kits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise  
Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence, and on-going exercise long-term should be emphasized. The submitted and reviewed records indicated the worker was experiencing lower back pain and right shoulder and elbow pain. There was no discussion detailing special circumstances that sufficiently supported the worker's need for equipment in order to include a home exercise program in the worker's treatment. In the absence of such evidence, the current request for a home exercise kit is not medically necessary.