

<b>Case Number:</b>	CM14-0167989		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 65-year old female patient who sustained a work related injury on 7/26/13 Patient sustained the injury due to trip and falls incident. The current diagnoses include lumbar myofascial pain, knee pain, right shoulder pain, and depression. Per the doctor's note dated 7/7/14, the patient has participated actively in pain skills groups and was able to gain better understanding about pain and depression. She also participated in the fitness and functional activities. Per the doctor's note dated 9/11/14 patient had complaints of right shoulder, low back, and right lower extremity pain-knee and foot and had increased capacity for walking. Physical examination revealed right shoulder flexion to 160 degrees and abduction decreased to 120 degrees with pain, crepitus with passive ranging, subacromial tenderness with myofascial tightness, positive speed test, Neer test, hawkin test, and biceps roll test. The current medication lists include metoprolol, Lipitor, Lisinopril/hydrochlorothiazide, aspirin, and Tylenol. The patient's surgical history includes ORIF of right patella. The patient has received 6 sessions of aquatic therapy for this injury. She has undergone function restoration program sessions. The patient was initiated on an outpatient functional restoration program on 7/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stretch Out Strap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain

Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter: Shoulder - Home exercise kits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/31/14) Home exercise kits

**Decision rationale:** ACOEM/ CA MTUS do not address this request. Therefore ODG used. Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. The Stretch out Strap is not medically necessary.

**Thera Cane:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter: Shoulder - Home exercise kits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14) Massage

**Decision rationale:** This is a request for TheraCane. TheraCane is a therapeutic massager. Per the ACOEM guidelines cited below Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical Neurostimulation (TENS) units, per cutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Per the cited guidelines Mechanical massage devices are not recommended. Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. The Thera Cane is not medically necessary

**Gym Ball:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter: Shoulder - Home exercise kits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/31/14) Home exercise kits

**Decision rationale:** ACOEM/ CA MTUS do not address this request. Therefore ODG used. Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. The Gym Ball is not medically necessary.