

Case Number:	CM14-0213440		
Date Assigned:	12/30/2014	Date of Injury:	12/06/2010
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Illinois
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old female with a 12/6/10 date of injury, and arthroscopic rotator cuff repair on 9/12/14. At the time (12/8/14) of the Decision for Pulley #15 Theraband #5 right shoulder, there is documentation of subjective (right shoulder and low back pain) and objective (tenderness over acromioclavicular joint with painful range of motion, positive impingement sign, and rotator cuff weakness) findings, current diagnoses (rotator cuff tear, coracoid impingement, and lumbago), and treatment to date (physical therapy, home exercises, and medications). There is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulley #15 Theraband #5 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home Exercise Kit; Pain, Exercise and Knee & Leg, Home Exercise Kit.

Decision rationale: MTUS does not address the issue. ODG identifies that home exercise kits is recommended where exercise programs and active self-directed home physical therapy is recommended. In addition, ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. Furthermore, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of rotator cuff tear, coracoid impingement, and lumbago. In addition, there is documentation of a description of the exact contents of the kit. However, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider. Therefore, based on guidelines and a review of the evidence, the request for Pulley #15 Theraband #5 right shoulder is not medically necessary.