

Case Number:	CM15-0171636		
Date Assigned:	09/11/2015	Date of Injury:	12/10/2013
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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 female who sustained an industrial injury on 12-10-13. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported pain in the shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for rotator cuff syndrome. Medical records dated 7-29-15 indicate pain rated at 6 out of 10. Provider documentation dated 7-29-15 noted the work status as temporary totally disabled through 8-9-15 and modified work with restrictions on 8-10-15. Treatment has included 24 sessions of therapy, ice application, and ultrasound of bilateral shoulders, cortisone injection, anti-inflammatory medications and analgesics. Objective findings dated 7-29-15 were notable for crepitus. Provider documentation for objective findings in the 7-29-15 documentation was illegible. The original utilization review (8-24-15) denied a resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Shoulder, Home exercise kit.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Resistance chair exercise and rehabilitation system with freedom flex stretcher. The treating physician report dated 7/29/15 (32C) states, "RFA for home use resistance chair exercise w/ freedom flex shoulder stretcher for post-op L shoulder to progress HEP in order to address limited ROM and weakness." The MTUS guidelines recommend exercise. The ODG guidelines go into greater detail regarding exercise for the shoulder: Recommended. 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 ODG guidelines state the following regarding home exercise kits: "Recommended. 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." In this case, the patient has completed 24 sessions of post-op physical therapy for the left shoulder and has been instructed to continue with a home exercise program. The treating physician is requesting a piece of exercise equipment in order to provide the patient with the tools she needs to successfully continue her rehabilitation. Furthermore, the ODG guidelines recommend home exercise kits when a self-directed home exercise program for the shoulder is established. The current request is medically necessary.