

<b>Case Number:</b>	CM15-0092668		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 30 year old, male who sustained a work related injury on 3/28/07. The diagnoses have included left shoulder contusion/strain, history of scapular body fracture and thoracic outlet syndrome. Treatments have included oral medications, pain creams, pain patches, a home exercise program, chiropractic treatments, ice therapy, left shoulder surgery, physical therapy, and cortisone injections. In the PR-2 dated 4/8/15, the injured worker complains of continuing neck pain with radiating numbness and tingling down left arm that is made worse with activity and movement. He states post-operative therapy has helped with increased range of motion and decreased pain in left shoulder. He has tenderness to palpation of paravertebral musculature, upper trapezius muscles and over acromioclavicular joint. He has some decreased range of motion in left shoulder. The treatment plan includes a request for authorization for a resistance chair 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 with freedom flex shoulder stretcher:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Exercises.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment Shoulder Chapter, Exercise.

**Decision rationale:** The patient presents with left shoulder and neck pain. The request is for Resistance Chair with Freedom Flex Shoulder Stretcher. The request for authorization is dated 04/21/15. The patient is status-post left shoulder arthroscopy, 02/04/15. MRI of the left shoulder, 07/07/13, shows mild supraspinatus and infraspinatus tendinosis without focal tear. There is mild subscapularis tendinosis with mild distal interstitial traying / very low-grade partial thickness interstitial tearing. Mild increased signal intensity within the intrasubstance of the superior labrum. Physical examination of the left shoulder reveals well-healed surgical scar. Tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular joint, periscapular musculature and surgical sites. Impingement test and Cross Arm test elicits increased pain. Exam of the cervical spine reveals tenderness to palpation over the bilateral paravertebral musculature, upper trapezius muscles, levator scapulae, and left scalenes. Range of motion of the cervical spine is decreased with increased pain in all planes. Sensation to pinprick and light touch is decreased along the non-dermatomal distribution of the left lower extremity. Patient is to continue home exercise program and medications. Patient's medications include Norco and Neurontin. Per progress report dated 04/08/15, the patient is on temporary total disability. MTUS, Exercise, pages 46, 47 state that it is recommended; however, there is not sufficient evidence to support any particular exercise regimen over any other. ODG, Shoulder Chapter, Exercise, states therapeutic exercise, including strengthening, is recommended and should be started as soon as it can be done without aggravating symptoms. ODG does not discuss DME/Exercise equipment for the shoulder. ODG guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment, state is recommended generally if there is a medical need and if it fits the following Medicare definition: Can withstand repeated use; Primarily serves a medical purpose; Generally is not useful to a person in the absence of illness or injury; Is appropriate for use in the patient's home. Per progress report dated 04/08/15, treater's reason for the request is "for the patient to use while performing home exercise program to help increase range of motion, decreased pain, and increase activities of daily living, as well as to prevent excess scar tissue formation." In this case, there is strong support from all the guidelines for exercises that can be performed by the patient. ODG guidelines provide support for exercise kits for various conditions. The current request appears reasonable given the patient's chronic left shoulder conditions that require stretching and strengthening. Therefore, the request is medically necessary.