

Case Number:	CM15-0092813		
Date Assigned:	05/19/2015	Date of Injury:	10/18/2011
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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 43-year-old female, who sustained an industrial injury on 10/18/2011. The current diagnosis is status post left shoulder surgery. According to the progress report dated 3/25/2015, the injured worker complains of frequent aching in her left shoulder with flare-ups, which radiates to her neck, left shoulder blade and arm to the level of her fingers. The pain is rated 3/10 on a subjective pain scale. Additionally, she reports headaches, difficulty sleeping due to pain, depression, and anxiety. The physical examination of the left shoulder reveals restricted and painful range of motion, tenderness to palpation over the posterior aspect, and numbness/tingling radiating into her left hand. Per notes, she is presently not taking any medications at this time. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, and surgical intervention. The plan of care includes left shoulder exercise rehab kit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Left Shoulder Exercise Rehab Kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home Exercise Kits.

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

Decision rationale: The patient presents with pain affecting the left shoulder with radiation to the neck, left upper extremity. The current request is for Purchase of Left Shoulder Exercise Rehab Kit. The treating physician report dated 3/25/15 (11B) states, "I am requesting authorization for this patient to obtain durable medical equipment in the form of cold and heat pack and home exercise kit for the left shoulder." The report goes on to state, "She states that she has had therapy since the surgery and still has ongoing pain and restricted range of motion in her left shoulder." The MTUS guidelines do not address the current request. 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 requires transition to a home exercise program and the ODG guidelines support home exercise kits. The current request is medically necessary and the recommendation is medically necessary.