

<b>Case Number:</b>	CM14-0100880		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 39-year-old individual was reportedly injured on 10/23/2013. The mechanism of injury was noted as a work related injury causing hyperextension of the arm. The most recent progress note, dated 6/10/2014, indicated that there were ongoing complaints of neck and left shoulder pains. The physical examination demonstrated a shuffling type gait. There was also flexion at 40° at the waist. Decreased range of motion was noted of the left shoulder. Decreased grip strength of the left hand was compared to the contralateral side. Bilateral straight leg raise sitting was at 90° and lying at 60°. Diagnostic imaging studies included an MRI of the left shoulder on 1/24/2014, which revealed joint effusion, partial tear of the supraspinatus tendon, increased signal in the posterior labrum suggesting posterior labral tear and bicipital tenosynovitis. Previous treatment included medications, physical therapy and conservative treatment. A request had been made for X-force solar machine and was not certified in the pre-authorization process on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X- Force Solar machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure, exercises.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ): Shoulder (Acute & Chronic). Exercise. Updated 8/27/2014.

**Decision rationale:** CA MTUS guidelines do not address this issue; however, ODG guidelines state that exercise is beneficial to recovery. There is no specific exercise regimen that is more beneficial than another. After review of the medical documentation provided, there was not significant documentation justifying the necessity of the requested durable medical equipment. Therefore, this request is deemed not medically necessary.