

Case Number:	CM14-0117222		
Date Assigned:	09/16/2014	Date of Injury:	09/24/2012
Decision Date:	09/11/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/25/2014

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on September 24, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, physical therapy and medication. Currently, the injured worker complains of left shoulder pain accompanied by numbness and pain in his fingers. The injured worker is currently diagnosed with rotator cuff sprain-strain. His work status is temporary total disability. A note dated June 16, 2015, states the injured worker is progressing from physical therapy. A home shoulder exercise kit for the left shoulder (as an outpatient) is requested to transition the injured worker from a formal physical therapy regimen to a home regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home shoulder exercise kit, for the left shoulder as an outpatient (home use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 47.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Exercise page 46 and 47 state that exercise is recommended. "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." As the guidelines do not recommend any particular exercise program, there is lack of medical necessity for a home exercise kit. Therefore, the request is not medically necessary.