

Case Number:	CM13-0056443		
Date Assigned:	12/30/2013	Date of Injury:	04/20/1980
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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 patient is a 57-year-old who was involved in a work related injury on 4/20/1980 while working for the [REDACTED]. It was noted that on the date of injury the patient sustained an injury to his bilateral shoulders. The mechanism of the injury was not noted. In a report dated 5/31/2012 it was noted that the patient received Kenalog injections to both his right and left shoulder. An MRI was obtained on 2/2/2012 of the left and right shoulder. For the left shoulder it revealed calcific tendinitis, impingement, partial rotator cuff tear, tendinitis and adhesive capsulitis. For the right shoulder it revealed impingement, tendinitis, partial rotator cuff tear adhesive capsulitis and mild chondromalacia. EMG/NCV (electromyogram/nerve conduction velocity exam) done on 2/26/2012 revealed bilateral carpal tunnel syndrome. In the most recent progress report dated 10/11/2013 it was noted that the patient complains of left shoulder pain with intermittent numbness and tingling radiating down both arms into all the digits. Objective findings included diminished right shoulder range of motion and positive Hawkins and Neer's impingement signs on the left. He was diagnosed with status post left shoulder arthroscopy, status post right shoulder mini open repair and bilateral carpal tunnel syndrome. Recent treatment has included a right shoulder surgical procedure on 6/28/2013, physical therapy and activity modification. The patient is currently totally and temporarily disabled. At issue for lack of medical necessity is a prospective request for the purchase of a BioFlexor machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of a BioFlexor machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Chapter, Physical Therapy Section

Decision rationale: The Physician Reviewer's decision rationale: Regarding a BioFlexor machine, this is a home exercise equipment. Since California MTUS and ACOEM guidelines do not make recommendations regarding home exercise equipment, alternative guidelines were consulted. The Official Disability Guidelines states that while a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The request for one purchase of a BioFlexor machine is not medically necessary or appropriate.