

<b>Case Number:</b>	CM14-0001471		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who sustained an injury to his right shoulder on 03/04/09 when manually loading drill pipes onto a truck, screwing/unscrewing connecting pieces the pipes. The injured worker was diagnosed with right rotator cuff syndrome and is status post surgery, cervical myofascial pain with triggerpoints and right subacromial bursitis. The injured worker underwent prior right labral repair and subacromial decompression on 01/07/11. Other treatments including medications, psychotherapy, unspecified exercise program, trigger point injections, chiropractic care and physical therapy. The injured worker eventually participated in the [REDACTED] program from 01/22/13 through 12/06/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 GYM BALL FOR PURCHASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment Section.

**Decision rationale:** The request for 1 gym ball for purchase is not medically necessary. The Official Disability Guidelines (ODG) states that durable medical equipment is defined as equipment which can withstand repeated use, i.e., can normally be rented and used by successive of patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. Given the clinical documentation submitted for review, medical necessity of the request for 1 gym ball for purchase has not been established.

**1 FOAM ROLL FOR PURCHASE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment Section.

**Decision rationale:** The request for 1 foam roll for purchase is not medically necessary. The Official Disability Guidelines (ODG) states that durable medical equipment is defined as equipment which can withstand repeated use, i.e., can normally be rented and used by successive of patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. Given the clinical documentation submitted for review, medical necessity of the request for 1 foam roll for purchase has not been established.

**1 PAIR OF DUMBBELLS (10 POUNDS) FOR PURCHASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment Section.

**Decision rationale:** The request for 1 pair of dumbbells (10 pounds) for purchase is not medically necessary. The Official Disability Guidelines (ODG) states that durable medical equipment is defined as equipment which can withstand repeated use, i.e., can normally be rented and used by successive of patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. Given the clinical documentation submitted for review, medical necessity of the request for 1 pair of dumbbells (10 pounds) for purchase has not been established.

**1 FOAM BED WEDGE CUSHION FOR PURCHASE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment Section.

**Decision rationale:** The request for 1 foam bed wedge cushion for purchase is not medically necessary. The Official Disability Guidelines (ODG) states that durable medical equipment is defined as equipment which can withstand repeated use, i.e., can normally be rented and used by successive of patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. Given the clinical documentation submitted for review, medical necessity of the request for 1 foam bed wedge cushion for purchase has not been established.