MAXIMUS Federal Services

Case Number:	CM14-0101542		
Date Assigned:	07/30/2014	Date of Injury:	08/15/2012
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 41-year-old male with date of injury of 08/15/2012. The listed diagnoses per [redacted] are right knee sprain with residuals, right calf muscle strain with residuals, right shoulder impingement syndrome, industrial aggravation of preexisting acromioclavicular joint arthritis of the right shoulder, and industrial aggravation of preexisting degenerative arthritis of the glenohumeral joint. According to the QME dated 01/17/2014, the patient complains of right shoulder, right knee, and right calf pain. Rest and medications partially relieve his symptoms. The physical examination shows the patient walks with a mild limp favoring his right leg. There was tenderness noted over the trapezius, deltoid, and rotator cuff muscles with the most tenderness at the acromioclavicular joint on the right. The range of motion on the right shoulder was restricted. There was decreased grip strength on the right on Jamar dynamometer testing. The rest of the examination of the upper extremities was within normal limits. There was tenderness on palpation of the medial joint line of the right knee. There was tenderness noted also on the right knee popliteal fossa with pain on terminal flexion of the right knee. The range of motion of the right knee was restricted on flexion. There was tenderness also over the medial aspect of the right calf. There is normal sensation in all dermatomes of the lower extremities. The utilization review denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair with cycle smooth rider: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment.

Decision rationale: This patient presents with right shoulder, right knee, and right calf pain. The provider is requesting a resistance chair with cycle smooth rider. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines for exercise equipment refers to durable medical equipment, which states that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in a patient's home. The Official Disability Guidelines also does not differentiate one type of exercise over another. There is no evidence that this particular exercise machine is medically necessary to allow for adequate exercises for this patient's condition. Therefore, this request is not medically necessary.