

Case Number:	CM14-0109395		
Date Assigned:	08/01/2014	Date of Injury:	10/26/2012
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 injured worker is a 53-year-old male who reported an injury due to continuous trauma on 10/26/2012. On 05/15/2014, his diagnoses included history of hypogonadism, endocrinopathy opioid-induced, bilateral tinnitus with hearing loss, internal derangement of the bilateral knees, internal derangement of the bilateral shoulders, bilateral knee generalized pain, lumbar dispoathy, bilateral elbow lateral epicondylitis, left plantar fasciitis/Achilles tendinitis, bilateral shoulder musculoligamentous injury, right foot musculoligamentous injury, lumbosacral musculoligamentous injury, and cervical musculoligamentous injury. The treatment plan included requests for an aqua relief system and a home therapy kit for the right shoulder, but no rationale was given. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Thermotherapy and Cold packs.

Decision rationale: Per the Official Disability Guidelines, thermotherapy is under study. There is a lack of evidence regarding efficacy. Cold packs are recommended. Additionally, the body part or parts that this relief system was to be used on were not specified, nor was the frequency of application. The clinical information submitted failed to meet the evidence-based guidelines for hot/cold therapy. Therefore, this request for an aqua relief system is not medically necessary.

Shoulder home exercise rehab kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which could withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. In the documentation submitted, the need for a shoulder home exercise rehab kit was not clearly demonstrated. Additionally, the body part to which this kit was to have been used was not specified, nor was the frequency of application. Therefore, this request for a shoulder home exercise rehab kit is not medically necessary.