

Case Number:	CM14-0117232		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2013
Decision Date:	09/18/2014	UR Denial Date:	06/25/2014
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. The expert reviewer is Board Certified in Occupational Medicine 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:

There were 263 pages provided for review. The request for independent medical review was signed on July 25, 2014. It was for a freedom flex shoulder stretch device and also a folding resistance chair. As of March 13, 2014, the claimant continued to have pain and muscle spasm in the right shoulder and cervical spine. There was severe pain in the cervical spine which radiated to the scapula. Exam of the right shoulder showed limited range of motion. There was tenderness in the periscapular muscles, posterior muscles, subacromial region and acromioclavicular joint. As of April 25, 2014 the right shoulder pain was 6 to 7 out of 10. There was a positive impingement. As of June 10, 2014 there was still right shoulder pain. There was decreased range of motion. The range of motion in flexion is 130, extension 30, abduction is hundred 40 and abduction is 30, internal rotation is 65 and external rotation is 75. The notes indicate that exercises are superior to treatment programs that do not include exercise. There was no clinical rationale as to why these specific DME items were needed. It is not clear why specialty amines necessary in lieu of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Freedom Flex (shoulder stretch): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, static stretch devices.

Decision rationale: In regards to static progressive stretch devices for the shoulder, it is recommended as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003). In this case, such conditions are not documented. Also, there is no rationale of plan given by the provider to support how this device is to be used in the patient's care plan. The request was appropriately not medically necessary.

Resistance Chair (folding resistance chair): 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 FDA in 42 CFR 414.202.

Decision rationale: The MTUS and ODG are silent on this chair. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: Can withstand repeated use, Is primarily and customarily used to serve a medical purpose, Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home, and this device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. It is also it is not clear, as to why a home exercise cannot be accomplished in lieu of a special chair. Due to this, I am not able to endorse medical necessity.