

Case Number:	CM14-0146604		
Date Assigned:	09/12/2014	Date of Injury:	10/22/2013
Decision Date:	12/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 37-year-old male who reported an injury on 10/22/2013 due to an unknown mechanism. Diagnoses are chronic left shoulder rotator cuff tendinitis, bursitis and impingement, status post work related injury to the left shoulder while employed, status post course of physical therapy and cortisone injection with no long term relief. Physical examination on 05/05/2014 revealed the injured worker was being reevaluated for left shoulder pain. The injured worker was scheduled to undergo surgery on 06/06/2014. Physical examination findings of the left shoulder revealed forward flexion and abduction were to 165 degrees with positive Neer's and Hawkin's impingement signs. The treatment plan was to continue with conservative measures including icing, anti inflammatories, and self directed stretching and strengthening exercises until surgery. It was reported for the injured worker to continue working unrestricted on full duty. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready unit 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder procedure summary last updated 06/12/13

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

Decision rationale: The decision for Game Ready unit 14 day rental is not medically necessary. The Official Disability Guidelines state that durable medical equipment is defined as equipment which can withstand repeated use, and could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; and generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. The Game unit does not meet the criteria for durable medical equipment. Furthermore, there was no rationale detailing a clear indication to justify the use of a game unit. The clinical information submitted for review does not provide evidence to justify the use of a game unit. Therefore, this request is not medically necessary.