

Case Number:	CM14-0020852		
Date Assigned:	04/30/2014	Date of Injury:	04/07/2013
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 31-year-old female who has submitted a claim for Left Shoulder Subacromial and Bicipital Tendonitis associated with an industrial injury date of April 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of continuous mild to severe left shoulder pain, rated 3-9/10 radiating to the left hand, associated with swelling, and aggravated by repetitive pushing, pulling, carrying, and lifting. On physical examination, left shoulder examination revealed range of motion within normal limits. No deformity, atrophy, or skin changes were noted. However, there was tenderness over the anterior aspect of the left shoulder, over the acromial space and the bicipital groove. Treatment to date has included medications, physical therapy, acupuncture, and diagnostic cervical facet block. A utilization review from January 31, 2014 denied the request for DME: Home Exercise Rehab Kit for the Lumbar, Shoulder, Elbow, Wrist, Cervical because the patient could easily perform home exercises without the need for expensive home exercise kits, many of which have duplicate items.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: HOME EXERCISE REHAB KIT FOR THE LUMBAR, SHOULDER, ELBOW, WRIST, CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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 Chapter, Durable Medical Equipment, Exercise Equipment.

Decision rationale: CA MTUS does not specifically address exercise equipment. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that durable medical equipment is recommended generally if there is a medical need. ODG further states that exercise equipment is considered not primarily medical in nature. In this case, there was no discussion regarding the medical need for a home exercise kit. There is no clear indication for the requested equipment. Therefore, the request for DME: Home Exercise Rehab Kit for the Lumbar, Shoulder, Elbow, Wrist, Cervical is not medically necessary.