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| Case Number: | CM14-0045091 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 04/12/2007 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 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 33-year-old male with date of injury of 02/12/2007. The listed diagnoses per [REDACTED] dated 02/21/2014 are: 1. Bilateral shoulder sprain/strain with tendonitis, bursitis, and impingement syndrome. 2. Bilateral wrist tendonitis with mild left carpal tunnel syndrome. 3. Carpal tunnel syndrome. The handwritten progress report shows that the patient complains of left wrist and carpal tunnel syndrome. The patient received an injection on 02/13/2014 with reports of 90% improvement. The patient also reports numbness and tingling into the left hand and wrist. The physical exam shows right Phalen's test is positive. Bilateral Tinel's test is negative. Bilateral shoulder has mild to moderate decrease in range of motion. The rest of the examination was difficult to decipher. The utilization review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Purchase of a VQ Action Resistance Chair exercise system with Freedom flex shoulder stretcher for management of symptoms related to the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Durable Medical Equipment (DME)- exercise equipment.

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

Decision rationale: This patient presents with bilateral shoulder pain. The treating physician is requesting a resistant-chair exercise system with Freedom Flex shoulder stretcher. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines do not address this request. However, Official Disability Guidelines (ODG) 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 the patient's home. ODG also does not differentiate one type of exercise over another. In this case, there is no discussion as to why the patient is unable to perform the necessary stretching and strength exercises through simpler means such as with use of simple dumbbells or resistance exercises. The treatment requested is not medically necessary and appropriate.