

<b>Case Number:</b>	CM14-0063535		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Illinois. 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 56-year-old female who reported falling and hitting a wall while descending a flight of stairs on 09/04/2009. On 04/07/2014, her diagnoses included psychophysiological disorder, psychalgia, shoulder-hand syndrome, reflex sympathetic dystrophy of the lower extremity, shoulder/joint pain, and brachial neuritis. She reported pain in her upper right extremity from the shoulder to her hand. She noted that the pain was stable with treatments and that her flare-ups were less frequent than previously noted and she felt able to adequately manage her less intense flare-ups. The more intense flare-ups were harder to manage. She made efforts to use the nonpharmacological tools that she learned from the functional restoration program. She had fallen the day before this examination and had generalized body pain rated at 9/10. Factors that aggravated her discomfort in her right upper extremity were lifting, touching the affected limb, and weather changes. Alleviating factors were medication, rest, and pool therapy. She was performing a home exercise and stretching program on a daily basis and walking for exercise. Her medications included Celebrex 200 mg, Flexeril 10 mg, Lidoderm 5% patch, Lyrica 50 mg, Medrol 4 mg Dosepak, Nexium 20 mg, and nortriptyline 10 mg. there was no rationale included in this worker's chart. A Request for Authorization dated 04/16/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Livescribe Smartpen 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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:** The request for a Livescribe Smartpen 3 is not medically necessary. 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. The clinical information submitted failed to meet the evidence-based guidelines for durable medical equipment. Therefore, this request for a Livescribe Smartpen 3 is not medically necessary.

**Bosu Ball:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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:** The request for a Bosu Ball is not medically necessary. 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. Exercise equipment is considered not primarily medical in nature. The clinical information submitted failed to meet the evidence-based guidelines for durable medical equipment. Therefore, this request for a Bosu Ball is not medically necessary.