

Case Number:	CM14-0084479		
Date Assigned:	07/21/2014	Date of Injury:	08/06/2013
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in . 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 59 year old female who was injured on 08/06/13 when tripped and fell. The injured worker's complaints include left knee pain. An MRI of the left knee dated 10/17/13 was interpreted as a normal study. The injured worker is diagnosed with contusion of the knee, pain in joint involving lower leg and sprain of other unspecified sites of the knee and leg. Treatment has included cold pack/moist heat application, knee support, Polar Frost gel, physical therapy and a corticosteroid injection. Physical examination dated 03/12/14 notes range of motion of the left knee is 130 flexion and 0 extension. Of note, the injured worker also suffers from a right shoulder injury and is diagnosed with shoulder impingement and rotator cuff syndrome. The injured worker is status post right shoulder surgery performed on 10/21/13. The injured worker completed a course of postoperative physical therapy. The submitted request is for a home exercise kit and the accompanying diagnoses refer to the injuries sustained to the left knee. However, Authorization Request dated 05/08/14 includes requests for a resistance chair and a freedom flex shoulder stretcher. Medical Necessity Addendum for Exercise Resistance Chair dated 04/16/14 indicates the affected body part is the right shoulder and notes the treatment plan includes a home exercise system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Gym memberships as well as Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits and Knee & Leg Chapter, Home Exercise Kits and Durable medical equipment sections.

Decision rationale: The diagnoses submitted with the request suggest the request addresses the injured worker's left knee complaints. The submitted documentation indicates equipment such as a resistance chair and a freedom flex shoulder stretcher are needed to address the injured worker's right shoulder complaints. ODG supports the use of home exercise kits as an option for both shoulder and knee complaints; however, the use of durable medical equipment such as that indicated by the submitted records is only recommended when certain criteria are met. The records as compared to the request do not clarify the body part to be addressed. It is unclear whether a Home Exercise Kit or specific durable medical equipment are the intended subject of this request. Based on the lack of clarification regarding this request, medical necessity of a home exercise kit cannot be established. The request for a Home Exercise Kit is not recommended as medically necessary.