

Case Number:	CM14-0088961		
Date Assigned:	07/23/2014	Date of Injury:	08/11/2011
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 62 year old with a work injury dated 8/11/11. The diagnoses include sprain/strain of the neck and rotator cuff. Under consideration is a request for a cervical spine rehab kit times one. There is a primary treating physician review of medical records document dated 5/31/14 that states that the patient has been undergoing acupuncture treatment to both shoulders, cervical spine. She continues to show good progress with the diminution of pain which is helping her to do the home exercise program and the activities of daily living. The recommendation is to continue with the acupuncture. The document states that the patient continues to have weakness mainly in the cervical area and she would benefit from a cervical rehab kit. The patient also has bilateral shoulder problems and would benefit from a trigger point steroid injection. There is a 7/2/14 document that states that the patient complains of cervical spine and bilateral shoulder pain, stiffness, and weakness. On exam there is tenderness and spasm on both shoulders. There is decreased right shoulder strength. The treatment plan included a right shoulder steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine rehab kit times one: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Home exercise kits and Durable medical equipment (DME).

Decision rationale: The MTUS does not specifically address a cervical spine rehab kit. The ODG states that home exercise kits are an option where home exercise programs are recommended. The ODG classifies home exercise kits under durable medical equipment. The guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose. (3) Generally is not useful to a person in the absence of illness. Without a clear explanation in the documentation of what is included in a cervical spine rehab kit this is unable to be certified. The documentation does not define what is contained in the kit therefore the request for cervical spine rehab kit times 1 is not medically necessary.