

Case Number:	CM14-0195263		
Date Assigned:	12/03/2014	Date of Injury:	10/09/2006
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 injured worker sustained a work related injury on October 9, 2006, with injury to the neck, bilateral shoulders, bilateral knees, and lower back. The exact mechanism of the work related injury was not included in the documentation provided. The Primary Treating Physician's progress note dated September 19, 2014, noted the injured worker with right shoulder pain and weakness despite surgery and post-operative rehabilitative therapy. The injured worker was noted to have undergone right shoulder surgery on October 18, 2013. The surgical report was not included in the documentation provided. Examination of the right shoulder was noted to show tenderness to palpation with a positive impingement test. The Physician noted the diagnoses included previous knee arthroscopy performed in 2003, the October 2013 shoulder surgery, lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis, cervical spine musculoligamentous sprain/strain, and left knee patellofemoral arthralgia. The Physician requested authorization for a Freedom Flex exercise resistance chair to increase right shoulder range of motion and strength, and to improve overall functional status. On November 4, 2014, Utilization Review evaluated the request for a Freedom Flex Resistance Chair, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician noted that guideline criteria had not been met and there was not documentation of a need for special equipment for the injured worker to undergo a home exercise program successfully, therefore the request for a Freedom Flex Resistance Chair was not medically necessary at that time. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Freedom Flex Resistance Chair, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Gym memberships

Decision rationale: Freedom Flex Resistance Chair, Qty 1 is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that except in cases of unstable fractures, acute dislocations, instability or hypermobility, patients can be advised to do early pendulum or passive ROM exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. The ODG states that while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The documentation does not indicate extenuating circumstances that would require specific home exercise equipment. The request for a Freedom Flex Resistance Chair, Qty 1 is not medically necessary.