

Case Number:	CM14-0195742		
Date Assigned:	12/03/2014	Date of Injury:	12/06/2012
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
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 & Rehabilitation 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:

According to the records made available for review, this is a 53-year-old female with a 12/6/12 date of injury. At the time (10/10/14) of request for authorization for exercise resistance chair with freedom flex shoulder stretcher, there is documentation of subjective (chronic shoulder pain and low back pain radiating to bilateral lower extremities) and objective (tenderness over left shoulder as well as lumbar spine with decreased range of motion and positive straight leg raise) findings, current diagnoses (lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (physical therapy, chiropractic therapy, and medications). Medical report identifies a request for exercise resistance chair to utilize as part of home therapy program to increase range of motion and strength. There is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose; and that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise resistance chair with Freedom Flex shoulder stretcher: 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, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of Ergonomic Chair for lumbar spine. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. However, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients). In addition, despite documentation of a request for exercise resistance chair to utilize as part of home therapy program to increase range of motion and strength, there is no (clear) documentation that the requested DME is primarily and customarily used to serve a medical purpose. Furthermore, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for exercise resistance chair with freedom flex shoulder stretcher is not medically necessary.