

Case Number:	CM14-0201763		
Date Assigned:	12/12/2014	Date of Injury:	10/21/2010
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old female with an injury date of 10/21/10. Per the 10/22/14 progress report the patient present with right shoulder pain s/p arthroscopic surgery 09/12/14. She also presents with right knee numbness and hypersensitivity in the right knee s/p right knee replacement 02/06/14. Examination of the bilateral knees shows slight swelling and hypersensitivity at the right knee with decreased range of motion bilaterally. There is tenderness to palpation in the right shoulder over the surgical sites. The patient's diagnoses include:1. Right shoulder sprain/strain with impingement and possible rotator cuff pathology2. Left knee internal derangement/osteoarthritis with 2005 medial joint replacement3. 02/06/14 right knee revision total arthroplasty4. Lumbar musculoligamentous sprain/strain wit MRI 01/15/115. Bilateral foot plantar fasciitis with negative x-ray 08/12/116. Internal medicine complaints deferred to [REDACTED] The 09/12/14 right shoulder arthroscopic rotator cuff repair operative report is included.The patient is to start post-operative therapy for the right shoulder, continue the home exercise program and a surgical consultation for the right knee with [REDACTED]. is pending. She is also to see [REDACTED] for right shoulder post-operative follow up. The utilization review dated 11/24/14 denied this request as there is no documentation to support the medical necessity of a special chair for post-operative rehab of the shoulder. Reports were provided for review from 03/20/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Resistance Chair W/Freedom Flex Shoulder Stretcher and Cycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Exercise, Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment.

Decision rationale: The patient presents with right shoulder pain s/p right shoulder arthroscopic surgery 09/12/14 as well as right knee numbness and s/p right knee replacement 02/06/14. The current request is for Exercise Resistance Chair W/Freedom Flex Shoulder Stretcher and Cycle. The RFA is not included. The 11/24/14 utilization review states the date of the RFA is 11/17/14. MTUS, Exercise, pages 46, 47 state that it is recommended; however, there is not sufficient evidence to support any particular exercise regimen over any other. ODG, Shoulder Chapter, Exercise, states therapeutic exercise, including strengthening, is recommended and should be started as soon as it can be done without aggravating symptoms. ODG does not discuss DME/Exercise equipment for the shoulder. ODG guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment, state is recommended generally if there is a medical need and if it fits the following Medicare definition: Can withstand repeated use; Primarily serves a medical purpose, Generally is not useful to a person in the absence of illness or injury; Is appropriate for use in the patient's home." The reports provided do not discuss this request. Presumably it is for post-operative therapeutic exercise for the shoulder; however, this is not stated and the patient also has knee complaints. The patient is noted to be continuing a home exercise program and the treater does not explain why this is no longer adequate. ODG does give guidance regarding Exercise equipment; however, in the Knee and Leg Chapter. In this case, the requested exercise equipment generally is useful to a person in the absence of illness or injury which does not meet ODG definition of DME. The treater also does not discuss if use is appropriate in the patient's home. MTUS does not recommend one type of exercise over another and the treater does not explain why this chair is medically necessary. The request is not medically necessary.