

Case Number:	CM14-0203741		
Date Assigned:	12/16/2014	Date of Injury:	01/25/2010
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 65 year old female with an injury date on 01/25/2010. Based on the 10/15/2014 progress report provided by the treating physician, the diagnoses are:1. Thoracic / lumbar spine and left sacroiliac joint sprain with bilateral leg radiculitis, MRI scan dated October 19, 2012 revealing multilevel disc protrusion at T12-L1 to L2-L3 measuring 1.5 to 3.0 mm with degenerative disc disease at L1-L2 to L5-S1 with facet degenerative joint disease at L4-L5 and L5-S1 with mild neuroforaminal narrowing at L5-S1, with diagnostic ultrasound study of the bilateral piriformis muscles dated March 23, 2009 revealing bilateral piriformis syndrome.2. Cervical / upper trapezial myofascial strain with disc protrusion at C5-6 with lateral disc / osteophyte resulting in spinal canal and neuroforaminal stenosis and spinal cord compression with cord changes posterior C6 secondary to contusion or Myelomalacia with disc protrusion / osteophytes at other levels with resultant spinal canal stenosis and neuroforaminal stenosis marked at C4-5 and moderate at C3-4, per MRI scan dated March 24, 2010.3. Right shoulder periscapular myofascial strain with MRI scan dated March 24, 2010 revealing full thickness rotator cuff tear, tendinosis with retraction and acromioclavicular degenerative joint disease, per [REDACTED]'s report dated May 24, 2010, status post right shoulder arthroscopy, performed on September 13, 2011 by [REDACTED].4. Emotional complaints, deferred to [REDACTED].5. Gastrointestinal complaints, deferred to [REDACTED].6. Left shoulder periscapular strain and impingement secondary to altered biomechanics / compensation for #3, with MRI scan of the left shoulder dated March 2, 2013 revealing tendinitis / impingement with possible full-thickness tear shoulder periscapular January 31, 2014 left shoulder arthroscopy by [REDACTED]. According to this report, the patient complains of "some residual stiffness and soreness" at the left shoulder. Physical exam reveals tenderness at the left subacrominal region, supraspinatus tendon, acromioclavicular joint, and thoracolumbar paraspinal musculature. Range of motion of the left shoulder and the

thoracolumbar spine is limited. There is a grade 4/5 weakness of the left shoulder. The patient is to remain off work for 6 weeks due to modified work not available. The utilization review denied the request for resistance chair exercise / rehabilitation system (Freedom Flex Shoulder Stretcher) on 11/04/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 02/20/2014 to 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair exercise/rehabilitation system (Freedom Flex Shoulder Stretcher): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter: Exercise Equipment

Decision rationale: According to the 10/15/2014 report, this patient presents with some residual stiffness and soreness" at the left shoulder. The current request is for resistance chair exercise / rehabilitation system (Freedom Flex Shoulder Stretcher). Regarding Exercise equipment, the ODG states "Exercise equipment is considered not primarily medical in nature." In this case, the request for 1 resistance chair is not supported by the guidelines. The current request is not medically necessary.