

<b>Case Number:</b>	CM15-0005546		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 is a 43 year old male, who sustained an industrial injury on 7/9/13 while working construction. He continues to complain of moderate right and left knee pain. The documentation noted that his pain is aggravated by squatting, bending and twisting activities. The diagnoses have included symptomatic medial meniscus tears and chondromalacia, both knees. Preoperative Medical Evaluation and Risk Stratification Report on 11/7/14 noted that the injured worker felt well, appeared to be in no acute distress and appeared comfortable at rest. Electrocardiogram (EKG) showed QRS abnormality, consistent with possible old inferior myocardial infarction, as well as left axis deviation. Treadmill stress electrocardiogram study performed, indication being the abnormal electrocardiogram; the results demonstrated a preserved ejection fraction with left ventricular hypertrophy although he was unable to tolerate the treadmill examination fully; this was a difficult study and an alternate study stress test should be performed. Chest X-ray was clear in bilateral pulmonary fields. The documentation noted on 11/17/14 that surgery is pending for a cardiology clearance because he had an abnormal electrocardiogram (EKG). Per documentation the patient has had 24 physical therapy sessions for the neck and bilateral shoulders which were not accepted body parts. According to the utilization review performed on 12/9/2014, the requested DME purchase; home exercise kits (2) for the neck and another for the bilateral shoulders has been non-certified. The CA MTUS ACOEM Guidelines, 2nd Edition, Chapter 9- Shoulder-Complaints page 204, Table 9-3. Methods of Symptom Control for Patients with Shoulder Complaints and Referenced ODG/Exercise.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **DME PURCHASE; HOME EXERCISE KITS (2) FOR THE NECK AND ANOTHER FOR THE BILATERAL SHOULDERS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg-Exercise equipment.

**Decision rationale:** DME purchase; home exercise kits (2) for the neck and another for the bilateral shoulders are not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The ODG states that exercise equipment is considered not primarily medical in nature. The 10/13/14 document states that the patient has a good understanding of a home exercise program for the neck and shoulders. The recent progress notes do not discuss rationale for this DME purchase. Additionally, it is not clear what these kits contain and why the patient requires them. The request for DME purchase is not medically necessary.