

Case Number:	CM15-0195775		
Date Assigned:	10/09/2015	Date of Injury:	09/12/2012
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 53 year old woman sustained an industrial injury on 9-12-2012. Diagnoses include lumbar spine musculoligamentous sprain-strain with bilateral sacroiliac joint sprain, lumbar spine facet joint arthritis and anterior spurring, left shoulder sprain-strain and impingement, and bilateral knee sprain-strain with patellofemoral arthralgia. Treatment has included oral medications. Physician notes dated 8-28-2015 show complaints of low back pain and left shoulder pain (improving). The physical examination shows left shoulder range of motion is increased and is now documented as flexion 110 degrees, extension 20 degrees, abduction 110 degrees, adduction 20 degrees, internal rotation 65 degrees, and external rotation 65 degrees. The lumbar spine reveals tenderness to palpation over the posterior paravertebral musculature with slight spasm. Lumbar spine range of motion is noted to be flexion 50 degrees, extension 15 degrees, and bilateral lateral bending 20 degrees. Recommendations include additional physical therapy, medial branch blocks after completion of physical therapy, consider bilateral knee treatment, resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher, and follow up in six weeks. Utilization Review denied a request for resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher on 9-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of resistance chair exercise and rehabilitation system. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home Dumbbells meet the criteria for durability and home use per Medicare classification. However, resistance chairs are used by people who aren't sick or injured and not considered primarily sued for "medical reasons." In this case, resistance chairs are not classified as durable medical equipment and are not recommended per ODG. Additionally, the treating physician has not indicated why this patient requires the requested equipment in addition to a traditional home exercise program. As such, the request for Resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher Qty: 1.00 is not medically necessary.