

Case Number:	CM15-0023476		
Date Assigned:	02/13/2015	Date of Injury:	04/28/2011
Decision Date:	03/27/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on April 28, 2011. He has reported left knee pain and left shoulder pain. The diagnoses have included left shoulder AC joint arthritis, left knee chondromalacia patella, and left elbow epicondylitis. Treatment to date has included left total knee arthroplasty, multiple left shoulder surgeries, physical therapy, medications, home exercises, cortisone injections, and imaging studies. A progress note dated December 29, 2014 indicates a chief complaint of continued left knee and shoulder pain. Physical examination showed left knee tenderness with swelling, lumbar spine tenderness, spasm, decreased range of motion, and left shoulder tenderness. The treating physician requested a Swiss ball, twelve- inch oval pad, brand air EX, 18x18 inch rubber pad, and ankle weights in one-, two- and three-pound sizes. On January 28, 2015, Utilization Review denied the request citing the Official Disability Guidelines. Of note, the ankle weights were not requested on the IMR application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Swiss Ball 65cm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise Equipment (DME)

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

Decision rationale: According to the ODG Durable Medical Equipment (DME) is defined as equipment which: 1. Can withstand repeated use, i.e. could normally be rented and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. Per review of the clinical documentation provided, it appears that this DME was not requested by the therapy group, which the patient was seeing to treat the injuries. Therefore, the request is not medically necessary.

12 Inch Oval Pad #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise Equipment (DME)

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

Decision rationale: According to the ODG Durable Medical Equipment (DME) is defined as equipment which: 1. Can withstand repeated use, i.e. could normally be rented and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. Per review of the clinical documentation provided, it appears that this DME was not requested by the therapy group, which the patient was seeing to treat the injuries. Therefore, the request is not medically necessary.

Brand Air EX #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise Equipment (DME)

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

Decision rationale: According to the ODG Durable Medical Equipment (DME) is defined as equipment which: 1. Can withstand repeated use, i.e. could normally be rented and used by

successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. Per review of the clinical documentation provided, it appears that this DME was not requested by the therapy group, which the patient was seeing to treat the injuries. Therefore, the request is not medically necessary.

18 x 18 Rubber Pad #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise Equipment (DME)

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

Decision rationale: According to the ODG Durable Medical Equipment (DME) is defined as equipment which: 1. Can withstand repeated use, i.e. could normally be rented and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. Per review of the clinical documentation provided, it appears that this DME was not requested by the therapy group, which the patient was seeing to treat the injuries. Therefore, the request is not medically necessary.