MAXIMUS Federal Services

Case Number:	CM15-0025010		
Date Assigned:	02/17/2015	Date of Injury:	11/11/2011
Decision Date:	05/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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:

The injured worker is a 31 year old female, who sustained an industrial injury on November 11, 2011. She has reported injury of the left shoulder. The diagnoses have included left rotator cuff syndrome, complex regional pain syndrome type 1 of left upper extremity. Treatment to date has included medications, stellate block, and surgery. Currently, the IW complains of pain with palpation of the shoulder. Physical findings indicated are cognition and memory is intact. She denies withdrawal symptoms. Treatment has consisted of medications and a stellate block. On January 6, 2015, her physical examination is noted to be unchanged from previous. On February 4, 2015, Utilization Review non-certified physical therapy four times weekly for six weeks for the left shoulder, and 65 centimeter gym ball, and stretch out strap, and one pair dumbbells (3 pounds), and one pair dumbbells (5 pounds), and occipital float, and aerobic step (27 x 14 x 14 inches), and densitization dowels (10 piece set), and mirror box, and medications blood level test of desipiramine. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of physical therapy four times weekly for six weeks for the left shoulder, and 65 centimeter gym ball, and stretch out strap, and one pair dumbbells (3 pounds), and one pair dumbbells (5 pounds), and occipital float, and aerobic step (27 x 14 x 14 inches), and densitization dowels (10 piece set), and mirror box, and medications blood level test of desipiramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 4x6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. No recent clinical documentation was submitted for review regarding the injured worker's condition to show that she has significant functional deficits of the left shoulder that would support the request for physical therapy treatment. Also, the number of sessions being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines and therefore, the request would not be supported. As such, the request is not medically necessary.

Gym ball (65cm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker’s home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

Stretch out strap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker's home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

One pair of dumbbells (3 lbs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker's home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

1 pair of dumbbells (5lbs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker's home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

Occipital Float: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker's home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

Aerobic step (27 x 14 x 14in): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker’s home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

Desensitization dowels (10pcs set) Mirror Box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can normally be rented and will withstand repeated use, is appropriate for use in the injured worker's home, and is generally used to serve a medical purpose. A clear rationale for the medical necessity of the requested equipment was not stated. There is no clear indication the injured worker requires the requested equipment for medical necessity. Also, it was not stated whether this was being requested as a purchase or a rental. Therefore, the request is not supported. As such, the request is not medically necessary.

Medication blood test of Desiramine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, PT Page(s): 14-15, 40-41, 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Laboratory testing.

Decision rationale: The Official Disability Guidelines indicate that laboratory testing should be performed when there is evidence of significant physical examination findings, co-morbidities, or underlying health risks. The documentation submitted does not indicate that the injured worker requires a medication blood test for desipramine. The rationale for this request is unclear and there was no clear rationale provided as to why the injured worker could not undergo a urine drug screen to screen for this medication and therefore, the request would not be supported. As such, the request is not medically necessary.