MAXIMUS Federal Services

Case Number:	CM15-0084502		
Date Assigned:	05/06/2015	Date of Injury:	11/13/2013
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/02/2015

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: Family Practice

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 74 year old male, who sustained an industrial injury on 11/13/13. He reported pain in bilateral shoulders, neck, and head. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis with multi-level spondylosis, status post left shoulder arthroscopy, right shoulder sprain/strain, and history of closed trauma with possible post traumatic headaches. Treatment to date has included physical therapy, left shoulder arthroscopy on 11/18/14, and a home exercise program. Currently, the injured worker complains of stiffness and pain in the shoulder. The treating physician requested authorization for a resistance chair x1 and freedom flex x1 with shipping and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair X1 and freedom flex X1 with shipping and handling: 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), knee and leg DME, ankle and foot orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

Decision rationale: According to ODG, Durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), The term 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; (4) Is appropriate for use in a patient's home. (CMS, 2005). A review of CMS 2005 does not establish that the requested durable medical equipment meets Medicare's definition of durable medical equipment (DME). In addition, the medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise program without specialized equipment. The request for Resistance chair X1 and freedom flex X1 with shipping and handling is not medically necessary and appropriate.