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| Case Number: | CM14-0117342 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 05/30/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male who was injured on 05/30/2013. The mechanism of injury is unknown. Progress report dated 06/04/2014 states the patient complained of continued neck pain with stiffness and shoulder pain. He rates his pain a 7-8/10 with radiculopathy and muscle spasms going into shoulder blades. On exam, he has cervical spine pain with mild to moderate decreased ranges of motion. He has positive shoulder depression and active trigger points are palpable. The patient is diagnosed with cervical spine strain/sprain with radiculopathy. He is recommended for bilateral trigger point injections and the patient has shoulder strain/sprain. Prior utilization review dated 06/24/2014 states the request for Resistance chair with shoulder stretcher is not certified as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair with shoulder stretcher: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, physical therapy; Knee & Leg, Durable Medical Equipment (DME)

Decision rationale: The CA MTUS guidelines do not address the issue in dispute. According to the referenced guidelines, DMEs (Durable Medical Equipment) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which an exercise bike does not. Generally, the criteria for this definition includes that the device is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is reasonable and appropriate that the patient can continue to make functional gains with a self-directed exercise program which would not require access to extraneous equipment, such as this request. This request is not supported by the guidelines and is not medically necessary.