

Case Number:	CM14-0146256		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2012
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine, 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 58-year-old female who was injured on 01/31/2012. The mechanism of injury is unknown. Prior treatment history has included 20 sessions of post-op physical therapy, chiropractic therapy, home exercise program, TENS unit and medication management. The patient underwent right shoulder surgery in 01/2014. According to UR, the patient was seen on 08/12/2014 for complaints of pain in the right shoulder. There were no significant findings documented. The patient was recommended for a home exercise program, which included a Resistance Chair for exercise and rehabilitation system, with a Freedom Flex Shoulder Stretcher to help manage pain, and relax muscle spasms. Prior utilization review dated 08/22/2014 states the requests for 1 Resistance Chair; and 1 Freedom Flex are not medically necessary, as they are not congruent with guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Resistance Chair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg, Durable Medical Equipment, Exercise Equipment

Decision rationale: According to MTUS guidelines, exercise is "recommended. There is strong evidence that exercise According to MTUS guidelines, exercise is "recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." According to ODG guidelines, 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 (DME). " Exercise equipment is "considered not primarily medical in nature." In this case, a request is made for "1 Resistance Chair." However, this appears to be exercise equipment, which does not meet Medicare's definition of DME. Medical necessity is not established.

1 Freedom Flex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg, Durable Medical Equipment, Exercise Equipment

Decision rationale: According to MTUS guidelines, exercise is "recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." According to ODG guidelines, 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 (DME). " Exercise equipment is "considered not primarily medical in nature." In this case, a request is made for "1 Freedom Flex." However, this appears to be exercise equipment, which does not meet Medicare's definition of DME. Medical necessity is not established.