

Case Number:	CM14-0165665		
Date Assigned:	10/10/2014	Date of Injury:	06/20/2011
Decision Date:	11/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 injured worker is a 62-year-old male who reported an injury on 06/20/2011. The mechanism of injury was not stated. The current diagnoses include status post right shoulder arthroscopy on 01/29/2014 and right shoulder impingement/frozen shoulder syndrome. The latest Physician's Progress Report submitted for this review is documented on 08/27/2014. Previous conservative treatment is noted to include physical therapy, home exercise, medications, and electrical stimulation. The injured worker presented with complaints of persistent right shoulder pain. Physical examination revealed tenderness to palpation of the cervical paraspinal muscles, tenderness of the right shoulder with limited range of motion and crepitus, and tenderness to palpation of the right elbow lateral epicondyle with negative Cozen's testing. Treatment recommendations at that time included continuation of the home exercise program and a resistance chair with freedom flex for the home exercise program. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Resistance Chair with Freedom Flex 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) Knee & Leg Chapter, Durable Medical Equipment

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon examination. There is no evidence of a significant functional limitation. It is unclear how the requested durable medical equipment will specifically address the injured worker's current condition or improve function. As the medical necessity has not been established, the request is not medically appropriate.