

Case Number:	CM15-0125076		
Date Assigned:	07/09/2015	Date of Injury:	02/08/2002
Decision Date:	08/05/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

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 72 year old male who sustained an industrial injury on 02/08/2002. The injured worker was diagnosed with bilateral rotator cuff syndrome, bilateral acromioclavicular joint arthrosis, multiple areas of tendinitis, tendinosis, tenosynovitis and labral tears and humeral head degenerative erosions bilaterally. There was no documentation of previous surgical interventions or invasive therapies. Treatment to date has included diagnostic testing, chiropractic therapy and medications. According to the primary treating physician's progress report on June 17, 2015, the injured worker continues to experience persistent bilateral shoulder pain. Chiropractic therapy is helpful however, in between sessions the pain returns. Positive findings were documented as unchanged. Current medications were not noted. Treatment plan consists of chiropractic therapy and the current request for a willow curve device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Willow Curve Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore, criteria have not been met per the ODG and the request is not medically necessary.