

Case Number:	CM15-0097744		
Date Assigned:	05/28/2015	Date of Injury:	12/02/2011
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old male, who sustained an industrial injury on 12/2/11. The injured worker was diagnosed as having cervical spine radiculitis with disc injury, lumbar spine myofascitis with disc injury and status post right shoulder arthroscopic surgery. Treatment to date has included physical therapy, home exercise program, shoulder immobilizer and activity restrictions. Currently, the injured worker complains of pain in neck, back, bilateral shoulders and right rib with difficulty sleeping. Physical exam noted clean and dry op sites, restricted range of motion and mild tenderness to cervical spine. A request for authorization was submitted for ice machine for 6 weeks for home exercise and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice machine rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines
Medicare.gov, durable medical equipment.

Decision rationale: ODG states regarding durable medical equipment (DME) recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. The request for an ice machine meets the criteria for durability and home use per Medicare, the medical providers request is non-specific regarding what medical indication/need the IW has that would necessitate an ice machine. In this case the ice machine cannot be considered durable medical equipment and is not recommended per ODG. As such, the request for ice machine rental is deemed not medically necessary.