

Case Number:	CM13-0040782		
Date Assigned:	12/20/2013	Date of Injury:	05/15/1996
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This patient is a 66-year-old female. Date of injury is 05/15/1996. Per treating physician's report on 08/14/2013, the patient presents with persistent neck, low back pain, left-sided knee pain, hip pain, difficulty with activities of daily living, difficulty sleeping. The patient then started aquatic therapy for 12 sessions. The listed diagnoses were: 1. Cervical radiculopathy. 2. Lumbosacral radiculopathy. 3. Hip tendonitis/bursitis. 4. Knee tendonitis/bursitis. The treating physician has requested for gym membership so that the patient can exercise on her own to reduce pain, increase function, avoid deconditioning and further aggravation. Request is also for orthopedic bed to provide for the patient, so that she can place her spine in a position of comfort during sleep. Massage chair was also requested, so that she can use it at home on her own on a daily basis to reduce muscular tension and pain and increase function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for gym membership: 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) on Gym Membership for low back pain chapter.

Decision rationale: This patient presents with chronic neck, low back, hip, and knee pains. Treating physician has requested a gym membership, so that the patient can exercise on her own. ACOEM and MTUS Guidelines do not discuss gym membership; however, ODG Guidelines state that gym membership is "not recommended as a medical prescription unless with documented home exercise program with periodic assessment. Revision has not been effective and there is a need for equipment." Furthermore, ODG states that the treatments need to be monitored and administered by medical professionals. While exercise is recommended, more elaborate personal care where outcome is monitored by the health professional such as gym membership is not covered. In this case, the treating physician does not state how home exercise is adequate, and there are no specific exercise equipment needs to accomplish this patient's exercises. Gym membership is not considered medical prescription. Recommendation is for denial.

Decision for massage chair: 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).

Decision rationale: The patient presents with chronic neck, low back, and knee pains. The treating physician has asked for a massage chair to be provided, so that the patient receives massage treatment at home at her own leisure. ACOEM and MTUS Guidelines do not discuss massage chair; however, ODG Guidelines state that, "For durable medical equipment, it must be primarily and customarily used to serve a medical purpose and it must be something that is generally not useful to a person in the absence of illness or injury." Massage chair does not meet these 2 criteria and is not considered a durable medical equipment. There is lack of medical evidence that massage chair or this medical equipment is essential for medical treatment of chronic pain condition. Recommendation is for denial.

Decision for orthopedic mattress: 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).

Decision rationale: This patient presents with chronic neck, low back, hip, and knee pains. The treating physician has requested that the orthopedic mattress be provided, so that the patient can achieve good sleep. Due to chronic pain, the patient is suffering from insomnia. For orthopedic

mattress, MTUS and ACOEM Guidelines do not have a discussion. However, ODG Guidelines state that for durable medical equipment to be defined as a medical treatment, it must be primarily and customarily used to serve a medical purpose; generally, it is not useful to a person in the absence of illness or injury. Orthopedic mattress does not meet these 2 criteria. ODG Guidelines further state under mattresses, "A recent clinical trial concluded that patient's with medium firm mattress have better outcomes than patients with firm mattresses for pain in bed and pain on rising and disability. A mattress of medium firm improves pain and disability among patients with chronic symptoms of low back pain." Therefore, medium firm mattress is recommended. However, an orthopedic mattress does not meet the definition of durable medical equipment as it is a furniture piece that is now used by most people even in the absence of illness or injury. Recommendation is for denial.