

Case Number:	CM13-0064376		
Date Assigned:	01/03/2014	Date of Injury:	03/14/1997
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Texas. 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 61-year-old female who reported an injury on 03/14/1997. The mechanism of injury was not provided. The patient's diagnosis was noted to be lumbosacral disc degeneration. The documentation of 11/22/2013 revealed the patient had a torn meniscus and underwent an arthroscopic repair 8 weeks prior to the office visit. It was indicated the prior requests for the treadmill were predicated on the dangers of the patient's fall from walking. The patient was noted to have weakness and imbalance preventing her from routine walking. The patient was noted to have gained weight due to inability to walk safely which exacerbated the patient's back and knee pain. The physical examination revealed the patient had diffuse tenderness throughout the lumbar area. The patient had reduced lumbar lordosis. The muscle testing was 3/5 to all large muscle groups to the lower extremities with questionable true strength deficit versus a guarded from pain. The patient had hyperesthesia to the lateral thighs. The deep tendon reflexes were 1+ on the left and the right knee was 3. The patient could no raise to heels or toes on the left side. The plan was noted to include a treadmill for independent exercise and a psychoeducational approach to weight loss, as well as medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREADMILL PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 47. Decision based on Non-MTUS Citation

WWW.BCBSNC.COM/SERVICES/MEDICAL-
POLICY/PDF/DURABLE_MEDICAL_EQUIPMENT_(DME).PDF (ONLINE VERSION)

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, DME

Decision rationale: Official Disability Guidelines recommend durable medical equipment if there is medical need and if the device meets Medicare's definition of durable medical equipment which includes that it is generally rented and able to be used by multiple persons, is primarily and customarily used to serve a medical purpose and it is generally is not useful to a person in the absence of illness or injury. They go on to state that a treadmill is not considered primarily medical in nature. Given the above, and the indication that a treadmill is not considered to be primarily medical in nature, the request for treadmill purchase is not medically necessary.