

Case Number:	CM14-0014413		
Date Assigned:	02/28/2014	Date of Injury:	10/04/1983
Decision Date:	09/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 an 86 year old male who reported an injury on 10/04/1983; the mechanism of injury was not provided. Past treatments included a home exercise program. The treatment plan included a Pilates reformer. A letter from the injured worker dated 01/30/2014 indicated that the injured worker felt the requested equipment was less expensive than the current equipment he was using. Diagnoses, pertinent diagnostics, surgical history, subjective complaints, physical exam, current medications, rationale for the treatment and request for authorization form were not provided. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PILATES REFORMER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Treatment of Severe Asymptomatic Hypertension, Am Fam Physician. 2010 Feb. 15; pages 470-476.

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, Durable medical equipment (DME).

Decision rationale: The request for Pilates reformer is not medically necessary. The Official Disability Guidelines indicate that durable medical equipment is recommended generally if there is a medical need and is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury or illness. A Pilates reformer is an example of durable medical equipment. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. In addition, the equipment could be used in the absence of injury or illness and does not serve a specifically medical purpose. Therefore the request for Pilates reformer is not medically necessary.