

Case Number:	CM14-0171273		
Date Assigned:	10/23/2014	Date of Injury:	09/04/2010
Decision Date:	12/08/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 29 year old male with date of injury of 9/4/2010. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with radiculitis. Subjective complaints include continued shooting pain in the lower back with radiation down bilateral lower extremities. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; positive straight leg raise bilaterally; MRI showing bulging disc from L5-S1. Treatment has included Norco, Percocet Methadone, Capsaicin cream, and Tylenol #3. The utilization review dated 9/16/2014 non-certified an exercise ball with 1/2 bowl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Ball and 1/2 Bowl: 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 Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, Durable Medical Equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Exercise Ball and 1/2 Bowl. Official Disability Guidelines does state 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 Exercise Ball and 1/2 Bowl meet the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, Exercise Ball and 1/2 Bowl are not classified as durable medical equipment and are not recommended per Official Disability Guidelines. As such, the request for Exercise Ball and 1/2 Bowl is not medically necessary.