

Case Number:	CM14-0021465		
Date Assigned:	05/07/2014	Date of Injury:	08/02/2005
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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, 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 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 53-year-old male with a date of injury of 08/02/2005. The listed diagnoses per [REDACTED] are: 1. L4 sprain. 2. Knee medial meniscus tear. 3. Bilateral chondromalacia. 4. Lateral epicondylitis. According to the 01/28/2014 handwritten progress report by [REDACTED], the patient presents with left knee pain which is stiff with the cold weather and low back pain. Objective findings include decreased effusion and negative TTP. This is the extent of this progress report. The treatment request on this date was for a "Tempur-Pedic bed and Octane Fitness Pro 4700." Utilization review denied the request on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TEMPUR PEDIC BED: 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 the Non-MTUS: Official Disability Guidelines (ODG) guidelines does quote one study and indicates that this is under study: Under study. A recent clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm.

Decision rationale: This patient presents with chronic back and knee pain. The treating physician is requesting a Tempur-Pedic bed. The MTUS and ACOEM guidelines do not discuss orthopedic mattresses. However, an ODG guideline does quote one study and indicates that this is under study: "Under study. A recent clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003)" Furthermore, ODG guidelines discusses durable medical equipment and states that for an equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, a bed does not meet these criteria. Therefore the request is not medically necessary.

1 OCTANE FITNESS PRO 4700: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines states under gym membership, "while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline."

Decision rationale: This patient presents with chronic low back and knee pain. The treating physician is requesting "Octane Fitness Pro4700." Octane Fitness Pro 4700 is an elliptical exercising unit. The MTUS and ACOEM Guidelines do not discuss elliptical machines. However, ODG Guidelines states under gym membership, "while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline." There is no evidence that chronic pain patients require specialized equipments such as an elliptical unit to achieve an effective home exercise program. Therefore the request is not medically necessary.