

Case Number:	CM14-0023983		
Date Assigned:	06/11/2014	Date of Injury:	03/17/2011
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 underlying date of injury in this case is 03/17/2011. The mechanism of injury is that the patient was walking up a flight of stairs and stumbled forward and began falling. The patient has subsequently been treated for low back pain radiating to the right lower extremity with associated numbness in the right great toe. A primary treating physician follow-up note of 01/06/2014 is handwritten and only marginally legible. This report appears to request an exercise rehabilitation chair in order to allow the patient to perform a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise rehab chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Exercise Page(s): 99, 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend to transition to an active independent home rehabilitation program. Additionally, the same guidelines state regarding exercise, page 46, that there is not sufficient evidence to support the recommendation

of any particular exercise regimen over any other regimen. The medical records and guidelines do not provide a rationale specifically for an exercise rehabilitation chair as medically necessary for this patient. This request for exercise rehab chair is not medically necessary and appropriate.