

Case Number:	CM14-0037678		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2012
Decision Date:	12/24/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine, 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:

This 44 year old male who sustained an industrial related injury on 10/06/2012 due to a fall from a ladder. The results of the injury included multiple cervical fractures, head injury, lacerations, and right knee injuries. The injured worker was previously diagnosed with psychotic disorder due to general medical condition with delusions, personality changes due to general medical condition, traumatic brain injury and cognitive disorder. The most recent diagnoses include cervical spine pain with radiculopathy, history of right knee pain with history of meniscal surgery, left shoulder impingement, left carpal tunnel syndrome (moderate), right thumb flexor tendonitis, right fifth digit foot pain, head trauma, and dual diagnosis with history of substance abuse. Treatment to date has included surgery on the cervical spine and right knee, and inpatient physical and psychological therapy services from 10/21/2013 through 02/24/2014. The most recent exams showed that the injured worker was continuing to experience pain and muscle tightness to the shoulder, neck and lumbar regions, as well as cervical related headaches, right knee pain and difficulty sleeping. The clinical notes stated that the injured worker had previously received 24 outpatient physical therapy sessions for the cervical and lumbar spine regions. No diagnostic testing results were found in the clinical documentation. Physical exam findings as of 02/07/2014 showed tenderness to palpation throughout the cervical exam, primarily posterior paraspinal tenderness with levator scapulae and trapezius muscle tenderness. Range of motion was noted to be good. The right upper extremity showed tenderness to palpation on the ulnar collateral ligament and flexor tendonitis. Finkelstein's maneuver, thumb grind test, and carpal tunnel compression test were all negative. The right fifth digit little toe showed tenderness to palpation with separation of the fourth toe but otherwise showed no other abnormalities. The request for authorization of a resistance chair purchase was not found in the clinical documentation submitted. Treatments in place around the time the request was submitted

included: psycho supportive counseling, continued structured program with one-to-one cognitive behavioral therapy, splint for the right thumb, topical gel for the toe, and stabilization of the fourth and fifth toes. There was insufficient documentation regarding any changes in the injured worker's pain. Functional deficits and activities of daily living were unchanged due to psychological and cognitive deficits. Work functions were unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 03/19/2014, Utilization Review non-certified a prescription and request for a resistance chair purchase which was requested on 03/13/2014. The resistance chair purchase was non-certified based on the ACOEM's and ODG's recommendation of home exercise programs (HEP) without the recommendation of gym memberships or advanced home exercise equipment for the effectiveness of a HEP. The ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of the purchase of a resistance chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, home exercises

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor are not medically necessary. Resistance chair purchase is not medically necessary.