

Case Number:	CM14-0039200		
Date Assigned:	06/27/2014	Date of Injury:	06/22/2003
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal 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:

The patient is an injured worker with complex regional pain syndrome (CRPS) lumbo-sacral (LS) spine, chronic pain syndrome, DeQuervain, foot pain. The injured worker date of injury was 06-22-2003. The primary treating physician's progress report was documented on 03-10-2014. The subjective complaints were 66 year old with LS and lower extremity complaints. The objective findings included coolish foot which had a negative Homan's test, swelling and transverse process of the LS spine. The treatment plan included belt flotation. A request for authorization (RFA) on 03-10-2014 requested a flotation device. The agreed medical evaluation report on 01-21-2010 documented diagnoses of the lumbar radiculopathy right lower extremity, complex regional pain syndrome bilateral lower extremities, and left knee dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 belt for flotation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (Acute & Chronic).

Decision rationale: The MTUS does not address exercise equipment or flotation devices. The primary treating physician's progress report on 03-10-2014 documented that the patient was engaged in a pool exercise regimen, and requested belt flotation device. The Official Disability Guidelines (ODG) states, exercise equipment is considered not primarily medical in nature. The ODG guidelines presents criteria for durable medical equipment (DME). The term DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. The ODG guidelines states, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The ODG guidelines states that exercise equipment is not medically necessary. The request was for belt flotation device for a pool exercise regimen. Therefore, the ODG guidelines do not support the medical necessity of belt flotation device. Therefore, the request for 1 belt for flotation is not medically necessary.