

Case Number:	CM14-0070421		
Date Assigned:	07/14/2014	Date of Injury:	12/28/2009
Decision Date:	09/26/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Management 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 is a female patient with the date of injury of December 28, 2009. An Interval Summary Report dated March 25, 2014 identifies pain in her mid to low back, buttocks, and bilateral knees and lower extremities. Diagnostic Impression identifies lumbar radiculopathy, myofascial pain, and severe depression. Individualized Care Plan identifies requesting durable exercise equipment, which includes a Thera Cane, Thera-Band gym ball (65 cm), stretch out strap, 1 pair of adjustable weight cuffs (10 lbs), 1 pair of dumbbells (5 lbs), 1 pair of dumbbells (8 lbs), and a BOSU ball (64 cm). It is noted that the patient has been instructed in the use of this equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera cane, thera band gym ball, stretch out strap, 1 pair of adjustable cuff weights, 2 pairs of dumbbells (5 lbs, 8 lbs), Bosu ball for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127.

Decision rationale: Regarding the request for Thera cane, Thera band gym ball, stretch out strap, 1 pair of adjustable cuff weights, 2 pairs of dumbbells (5 lbs, 8 lbs), Bosu ball for the lumbar spine, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program. In the absence of such documentation, the currently requested Thera cane, Thera band gym ball, stretch out strap, 1 pair of adjustable cuff weights, 2 pairs of dumbbells (5 lbs, 8 lbs), Bosu ball for the lumbar spine are not medically necessary.