

Case Number:	CM14-0072613		
Date Assigned:	07/16/2014	Date of Injury:	07/07/2005
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 52-year-old male with date of injury of 07/07/2005. The listed diagnoses per [REDACTED] dated 01/16/2014 are: Chronic pain/chronic headaches; Dyspepsia/GERD; Type 2 diabetes mellitus; Anxiety/depression; Insomnia; Hypertension, stress aggravated; Overweight; Hypogonadism with ED. According to the only handwritten report, the patient is on spironolactone 25 mg twice a day to lower blood pressure to below 130 systolic without any adverse side effects. With the colder weather, his pain levels have risen and when this happens, physical activity decreases. When the patient does try to be active, afterwards, he ends up in bed due to a flare up. It is very hard for the patient to be on his feet for too long. Consequently, his participation in family outings is very limited. Upper GI tract symptom is generally controlled at best. No angina, dyspnea, or cardiac palpitations noted. The objective findings show the patient is rather fatigue-appearing. The patient is well-oriented, well-hydrated. Auscultation of the lungs is clear. No jugular venous distention noted. No clubbing or cyanosis noted. Coordination of musculoskeletal is normal. The utilization review denied the request on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, section on Exercise page 47.

Decision rationale: The MTUS Chronic Pain Guidelines recommends exercise but states, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The only report provided for review does not provide the rationale behind the request. In this case, it does not appear that the patient would need special equipment in order to perform daily exercise. In addition, the treater failed to provide an explanation as to why the patient is unable to perform exercise without the use of a home gym. As such, the request is not medically necessary and appropriate.