

Case Number:	CM14-0096401		
Date Assigned:	07/28/2014	Date of Injury:	01/20/2010
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology 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 patient is a 61-year-old female with a date of injury of 01/20/2010. The patients' diagnoses include lumbar intervertebral disc displacement, rotator cuff syndrome, and medial meniscus tear of the knee and lumbosacral pain with lower extremity radiation. There is medical documentation from 01/06/2014 with treatment recommendations which include continuation of an aggressive home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, exercise Page(s): 46, 98.

Decision rationale: This review is for the requested Resistance Chair. There is no specific reason or rationale provided for the request for The Resistance Chair by the practitioner. The Resistance Chair is not specifically addressed in the MTUS Guidelines or the ODG. A Google search for Resistance Chair yields several websites that sell a product called The Resistance Chair. According to a website called VQ Action Care, The Resistance Chair is a system which

allows you to exercise in a seated position. Of note, there are no scientific or medical studies involving utilization or efficacy of this chair. According to the MTUS Guidelines exercise is recommended, however, there is no recommendation for any particular exercise program or regimen over any other program. Furthermore, physical medicine recommendations include home exercise with or without mechanical assistance and assistive devices. Therefore, the request is not medically necessary.

Freedom Flex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Herbal medicines, Curcumin Page(s): 41,51,60-61.

Decision rationale: This review is for the requested Freedom Flex. There is no specific reason or rationale provided for the request for Freedom Flex by the practitioner. Freedom Flex is not specifically addressed in the MTUS Guidelines or the ODG. A Google search for Freedom Flex yields a variety of websites, one specifically that sell a product called Freedom Flex. This product appears to be a type of dietary herbal supplement for the treatment of joint pain. According to the website it is a proprietary blend of various herbal ingredients. Of note, there are no scientific or medical studies involving utilization or efficacy of this product. According to the MTUS Guidelines certain herbal medicines may be recommended. None of the herbal ingredients listed in Freedom Flex are recommended per MTUS Guidelines. Therefore, the request is not medically necessary.

Smooth Rider II: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, exercise Page(s): 46, 96.

Decision rationale: This review is for the requested Smooth Rider II. There is no specific reason or rationale provided for the request for Smooth Rider II by the practitioner. The Smooth Rider II is not specifically addressed in the MTUS Guidelines or the ODG. A Google search for Smooth Rider II yields various websites that sell a product called Smooth Rider II. According to a website called VQ Action Care, The Smooth Rider II is an exercise cycle. Of note, there are no scientific or medical studies involving utilization or efficacy of this device. According to the MTUS Guidelines exercise is recommended, however, there is no recommendation for any particular exercise program or regimen over any other program. Furthermore, physical medicine recommendations include home exercise with or without mechanical assistance and assistive devices. Therefore, the request is not medically necessary.