

Case Number:	CM14-0133475		
Date Assigned:	08/25/2014	Date of Injury:	05/25/2011
Decision Date:	02/18/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 employee is a 47 year old male with date of injury of 5/25/2011. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the cervical and lumbar spine. Subjective complaints include continued sharp, shooting pain in the neck and lower back. Objective findings include limited range of motion of the cervical and lumbar spines with tenderness to palpation of the paravertebrals; negative straight leg raise; sensory and motor exams normal in upper and lower extremities bilaterally. Treatment has included home exercise programs and pain medications. The utilization review dated 7/29/2014 non-certified a BOSU balance trainer, a Versa 8, and a foam roller.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOSU Balance Trainer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee, Durable

Medical Equipment (DME) and Exercise Equipment, Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a BOSU balance trainer. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use -used for a medical reason -not usually useful to someone who isn't sick or injured - appropriate to be used in your home BOSU balance trainer meets the criteria for durability and home use per Medicare classification. However, it is used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, BOSU balance trainer is not classified as durable medical equipment and is not recommended per ODG. As such, the request for BOSU balance trainer is not medically necessary.

Versu 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee, Durable Medical Equipment (DME) and Exercise Equipment, Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Versu 8. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use -used for a medical reason -not usually useful to someone who isn't sick or injured -appropriate to be used in your home Versu 8 meets the criteria for durability and home use per Medicare classification. However, it is used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, Versu 8 is not classified as durable medical equipment and is not recommended per ODG. As such, the request for Versu 8 is not medically necessary.

Foam Roller: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee, Durable Medical Equipment (DME) and Exercise Equipment, Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a foam roller. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: -durable and can withstand repeated use -used for a medical reason -not usually useful to someone who isn't sick or injured -appropriate to be used in your home A foam roller meets the criteria for durability and home use per Medicare classification. However, it is used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, a foam roller is not classified as durable medical equipment and is not recommended per ODG. As such, the request for a foam roller is not medically necessary.