

Case Number:	CM14-0211167		
Date Assigned:	12/24/2014	Date of Injury:	07/11/2014
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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 Rehabilitation 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 sustained an injury on 7/11/14 while employed by [REDACTED]. Request(s) under consideration include DME Lumbar Exercise Kit. Diagnoses include lumbar sprain/strain and herniated disc. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain symptoms. Report from the provider dated 10/28/14 noted continued pain with unchanged exam findings of lumbar L5-S1 spinous process tenderness; positive Kemp's and SLR on right. Diagnoses list lumbosacral spine herniated disc. Treatment plan included lumbar exercise kit. The request(s) for DME Lumbar Exercise Kit was non-certified on 11/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME lumbar exercise kit: 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), Durable Medical Equipment (DME), pages 297-298, 309

Decision rationale: The ACOEM guidelines do recommend daily exercises; however, exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients. In this case, that is not indicated and the submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit as there is unspecified detail of what is included in the kit. The patient had previously participated in active physical therapy. As such, the DME lumbar exercise kit is not medically necessary.