

Case Number:	CM15-0009462		
Date Assigned:	01/27/2015	Date of Injury:	08/18/1999
Decision Date:	03/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 59 year old female who sustained an industrial injury reported on 8/18/1999. She has reported concerns about the walking program due to the environment for which she lives, with gang activity. The diagnoses have included chronic pain syndrome; cervical injury status-post displacement; myofascial syndrome; and depressive disorder. Treatments to date have included consultations; diagnostic imaging studies; Functional Restoration Program graduate with a home exercise program of an exercise ball, foam rollers and bands (specifically stated); and medication management. The work status classification for this injured worker (IW) was noted to be a permanent and stationary, and unable to work. On 1/13/2015 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/30/2014, for a home treadmill. Medicare's durable medical equipment, exercise, treadmill exerciser, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home treadmill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg (Acute and chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 46-47.

Decision rationale: The injured worker is a 60 year old woman with a date of injury in 1999. At issue in this review is the request for a home treadmill due to the environment in which she lives and her fear of leaving her home for her walking program. She is a graduate of a functional restoration program and a home exercise program complete with exercise ball, foam rollers and bands is in place. Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The medical necessity for a treadmill in her home is not substantiated by the records.