

Case Number:	CM15-0104801		
Date Assigned:	06/09/2015	Date of Injury:	11/27/1984
Decision Date:	07/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 11/27/1984. The mechanism of injury is unknown. The injured worker was diagnosed as having failed back syndrome, sacroiliitis, pseudo arthrosis and spinal stenosis. There is no record of a recent diagnostic study. Treatment to date has included surgery, acupuncture, physical therapy and medication management. In a progress note dated 5/11/2015, the injured worker complains of increasing fatigue and decreased ability to ambulate without physical therapy. Physical examination showed weakness on knee extension and hip flexion. The treating physician is requesting home exercise machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Blue Cross of California Medical Policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1984 and continues to be treated for low back pain and lower extremity weakness. When seen, he was having increasing fatigue and less benefit from his home exercise program. Physical examination findings included lower extremity weakness and positive straight leg raising. There was limited lumbar spine range of motion. In this case, the claimant has had physical therapy and a home exercise program. If his home exercise program needs to be revised, then a trial of up to six therapy sessions could be considered. Dependence on therapy provided treatments appears to be present. Regardless, compliance with a home exercise program would be expected and would not require specialized equipment or ongoing skilled therapy. The request for an exercise machine is not medically necessary.