

Case Number:	CM15-0108541		
Date Assigned:	06/15/2015	Date of Injury:	10/02/2013
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 10/2/13. The injured worker has complaints of cervical pain. The documentation noted on 2/12/15 that the injured worker had noticed significant improvement with physical therapy. The documentation noted that he has minimal pain with daily activities but states it's tolerable. The diagnoses have included right cervical radiculopathy, neuritis not otherwise specified. Treatment to date has included physical therapy; traction; pain creams; naproxen and famotidine and cervical spine magnetic resonance imaging (MRI) showed C4-5, C5-6 right sided foraminal narrowing. The request was for resistance chair, purchase; freedom flex, purchase and smooth rider cycle, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.bcbsal.org/provider/manuals/providermanual/filingguidelines, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and DME - pg 21.

Decision rationale: DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, there was no indication or substantiation for the use of a resistance chair that would be primarily for a medical purpose. The claimant was diagnosed with cervical pain but the need for a resistance chair was not justified and is not medically necessary.

Freedom flex, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.bcbsal.org/provider/manuals/providermanual/filingguidelines, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and DME - pg 21.

Decision rationale: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, there was no indication or substantiation for the use of a Freedom Flex that would be primarily for a medical purpose. The claimant was diagnosed with cervical pain but the need for a Freedom Flex was not justified and is not medically necessary.

Smooth rider cycle, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.bcbsal.org/provider/manuals/providermanual/filingguidelines. Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and DME - pg 21.

Decision rationale: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom

and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, there was no indication or substantiation for the use of a a cycle that would be primarily for a medical purpose. The claimant was diagnosed with cervical pain but the need for a rider cycle was not justified and is not medically necessary.