

Case Number:	CM15-0147291		
Date Assigned:	08/10/2015	Date of Injury:	03/03/2009
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, 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:

This is a 35 year old female patient who sustained an industrial injury on March 3, 2009, incurring neck, back and shoulder injuries after a slip and fall in water. The diagnoses include neck strain, thoracic strain, lumbar sprain, and shoulder and arm sprain. Per the [REDACTED] note dated 7/6/15, she has done very well and demonstrated high level of achievement. She has done so by utilizing minimum amount of Hydrocodone preparation. The medications list includes naproxen, Amitriptyline and Hydrocodone-acetaminophen. She has had physical therapy, home exercise program, exercise equipment, heat, [REDACTED] functional restoration program, and activity restrictions. The treatment plan that was requested for authorization included a foam roller, one Norco safety exercise ball and one pair of dial adjustable dumbbells.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Foam Roller (round 6x36 in): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15), Gym memberships.

Decision rationale: 1 Foam Roller (round 6x36 in). ACOEM and CA MTUS do not address this request. Per the ODG guidelines "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. Evidence of significant functional deficits that would require specialized equipment/DME is not specified in the records provided. 1 foam roller (round 6x36 in) is not medically necessary at this time for this patient.

1 Norco Safety Exercise Ball (75 cm): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15), Gym memberships.

Decision rationale: 1 Norco Safety Exercise Ball (75 cm). ACOEM and CA MTUS do not address this request. Per the ODG guidelines "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. Evidence of significant functional deficits that would require specialized equipment/DME is not specified in the records provided. 1 Norco Safety Exercise Ball (75 cm) is not medically necessary at this time for this patient.

1 pair of Dial Adjustable Dumbbells (Bowflex Select Tech 5-55 lbs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 07/17/15), Gym memberships.

Decision rationale: 1 pair of Dial Adjustable Dumbbells (Bowflex Select Tech 5-55 lbs). ACOEM and CA MTUS do not address this request. Per the ODG guidelines "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. Evidence of significant functional deficits that would require specialized equipment/DME is not specified in the records provided. 1 pair of Dial Adjustable Dumbbells (Bowflex Select Tech 5-55 lbs) is not medically necessary at this time for this patient.