

Case Number:	CM15-0147318		
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old female who sustained an industrial injury on March 03, 2009. The worker was employed as a service transaction specialist. A functional restoration program note dated July 06, 2015 reported subjective complaint of back, left shoulder and head pains after having slipped and fallen while working with resulting injury. She had not worked since June 09, 2010. There was recommendation to obtain a list of durable medical equipment of which listed an exercise mat as a requirement of the restoration program. She had been declared as permanent and stationary. She states utilizing minimal amounts of Hydrocodone treating the pain. A follow up visit dated February 09, 2015 reported the worker only being able to obtain medication Naproxen. Current medications included: Naproxen and Amitriptyline. The diagnostic impression noted the worker with joint pain shoulder region; myalgia and myositis, unspecified; lumbosacral joint sprain, and neck sprain. The plan of care noted recommending a functional restoration program, refilling medications and follow up visit in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise mat (24x75 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 (ODG),

Treatment Index, 13th Edition (web), 2015, Knee and Leg (Acute & Chronic), Durable medical equipment (DME) and Exercise equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Exercise Equipment.

Decision rationale: MTUS guidelines do not address the use of exercise equipment. Per the ODG, exercise equipment is considered not primarily medical in nature. In this case, the injured worker has done well in a functional restoration program and is motivated to continue with a home-based, self-directed exercise program. The use of an exercise mat is not considered to be medically necessary; therefore, the request for exercise mat (24x75 in) is determined to not be medically necessary.