

Case Number:	CM15-0182113		
Date Assigned:	09/23/2015	Date of Injury:	02/25/2015
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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 Jersey, New York
 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 36 year old female, who sustained an industrial-work injury on 2-25-15. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spinal cord injury. Medical records dated 8-12-15 indicate that the injured worker states that her father built her a gym set up using a farming machine and she would like more appropriate wheelchair accessible exercise equipment at home. The medical records also indicate worsening of the activities of daily living. The work status is not noted. The physical exam dated 8-12-15 reveals that upper body movements appear to be within normal limits and there is no pain behavior. The physician indicates that "there is no changes in the paraplegia and a script was written for Saratoga sprint arm cycle for arm exercise for cardiovascular effect and Wheelchair fitness solution home exercise gym set up at home since the patient does not have a local gym that she can go to that spinal cord injury patients can use for exercise." Treatment to date has included pain medication, physical therapy (unknown amount) and not helpful, nursing at home, heel boots, bowel and bladder programs, and other modalities. The request for authorization date was 8-17-15 and requested services included Saratoga sprint cycle and Wheelchair fitness solution home exercise gym. The original Utilization review dated 8-25-15 non-certified the request for Saratoga sprint cycle and Wheelchair fitness solution home exercise gym as per the guidelines advanced home exercise equipment is not recommended, as outcomes are not monitored by a health professional and objective functional improvement cannot be monitored with the use of advanced home exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saratoga sprint cycle: Overturned

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 Low Back - Lumbar & Thoracic (Acute & Chronic) Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Exercise.

Decision rationale: The request is considered medically necessary. The patient is a 36 year-old female with history of paraplegia and was recently diagnosed with a pulmonary embolism. Physical therapy was documented not to have been helpful. A home exercise program can be helpful. The patient is currently using makeshift equipment that was created by her father. Local gyms do not have wheelchair appropriate equipment. Appropriate equipment to maintain as much physical activity as possible will improve physical, as well as emotional health. According to ODG guidelines, advanced exercise equipment may not be medically necessary due to lack of medical supervision. However, in this case, I feel this equipment is likely to bring more benefits to the patient. Results can be monitored and tracked by her physician. Therefore, the request is considered medically necessary.

Wheelchair fitness solution home exercise gym: Overturned

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 Low Back & Lumbar & Thoracic (Acute & Chronic) Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Exercise.

Decision rationale: The request is considered medically necessary. The patient is a 36 year-old female with history of paraplegia and was recently diagnosed with a pulmonary embolism. Physical therapy was documented not to have been helpful. A home exercise program can be helpful. The patient is currently using makeshift equipment that was created by her father. Local gyms do not have wheelchair appropriate equipment. Appropriate equipment to maintain as much physical activity as possible will improve physical, as well as emotional health. According to ODG guidelines, advanced exercise equipment may not be medically necessary due to lack of medical supervision. However, in this case, I feel this equipment is likely to bring more benefits to the patient. Results can be monitored and tracked by her physician. Therefore, the request is considered medically necessary.

