

Case Number:	CM15-0185681		
Date Assigned:	09/25/2015	Date of Injury:	01/27/2012
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 55-year-old female who sustained an industrial injury on 01-27-2012. Current diagnoses include contusion-multiple and sprain-strain cervical and neck. Report dated 07-06-2015 noted that the injured worker presented with improving back pain with physical therapy. Pain level was not included. Physical examination performed on 07-06-2015 was not included. Previous diagnostic studies were not included. Previous treatments included medications, and physical therapy. The treatment plan included requests for durable medical equipment, additional physical therapy, and re-evaluation in 6 weeks. Request for authorization dated 07-06-2015, included requests for foam roll, stopwatch, positioning wedge, and recumbent bike. The utilization review dated 08-20-2015, non-certified the request for positioning wedge, stopwatch, and recumbent bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase: Stopwatch: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: MTUS is silent; however, per ODG guidelines, a Durable Medical Equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); however, Medicare does not cover most of these items such as a stop watch for exercising or any exercise equipment for the fully mobile and independent adult as in this case. Submitted reports have not adequately demonstrated the medical indication for the purchase of a stopwatch for a patient without dependency of a caregiver or lacking ability for self-care to perform an independent home exercise program with use of a stop watch. Submitted reports have not demonstrated neurological deficits, or limitations in ADLs to prevent the individual from participating in a previously instructed home exercise program. The DME purchase: Stopwatch is not medically necessary and appropriate.

DME purchase: Positioning wedge: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pillow/ wedges, page 626.

Decision rationale: Although MTUS, ACOEM Guidelines do not specifically address or have recommendations for this DME, other guidelines such as ODG and Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. It further states, "Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME" such as seat cushions for required wheelchairs in prevention of decubiti. Regarding sleeping pillows (ergonomic pillows, orthopedic pillows, orthopedic foam wedges) (e.g., Accu-Back Ergonomic Sleeping Pillow, Core Pillow, Mediflow Waterbase Pillow), a number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions. Pillows, wedges, cushions are generally not covered, regardless of medical necessity, because they do not meet the definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use. In addition, most pillows and cushions are not primarily medical in nature, and are normally of use to persons who do not have a disease or injury. ODG states the cervical pillow may be appropriate in conjunction with daily exercise and should be treated by health professionals trained to teach both exercises and the appropriate use of a positional wedge. Submitted reports have not demonstrated support for this DME per above references. The DME purchase: Positioning wedge is not medically necessary and appropriate.

DME purchase: Recumbent bike: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Exercise Equipment, page 303.

Decision rationale: MTUS is silent; however, per ODG guidelines, a Durable Medical Equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); however, Medicare does not cover most of these items or exercise equipment for the fully mobile and independent adult as in this case. Submitted reports have not adequately demonstrated the medical indication for the purchase of a stationary bike for a patient with independent ambulatory mobility, without neurological deficits, specifically defined limitations in ADLs, with previously instructed independent exercise program to support this DME. The DME purchase: Recumbent bike is not medically necessary and appropriate.