

Case Number:	CM15-0191703		
Date Assigned:	10/05/2015	Date of Injury:	09/08/2010
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old male who sustained an industrial injury 09-08-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbar strain, myofascial restrictions, and moderate depression. Medical records (08-12-15) reveal the injured worker met his goals during the Functional Restoration Program. The physical exam was not reported. Prior treatment includes medications and treatment in 32 days of a Functional Restoration Program. The treating provider (08-12-15) recommends the injured worker have the following items for his home exercise program: a gym ball, a pair of 20 lb dumbbells, a pair of adjustable cuff weights, Tera-Cane, Foam Roller, Foal half Roll, BOSU ball, and an agility ladder. The original utilization review (08-28-15) non-certified the request for a BOSU ball.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOSU: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Leg- Exercise equipment.

Decision rationale: BOSU is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that exercise equipment is considered not primarily medical in nature. The MTUS states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documentation does not reveal extenuating circumstances that necessitate this equipment in order to be competent in a home exercise program therefore this request is not medically necessary.