

Case Number:	CM15-0192126		
Date Assigned:	10/06/2015	Date of Injury:	09/08/2010
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/30/2015

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 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, Thera-Cane, Foam Roller, Foam half Roll, BOSU ball, and an agility ladder. The original utilization review (08-28-15) non certified the request for dumbbells.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dumbbells: Upheld

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

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

Decision rationale: The patient presents on 08/12/15 following the completion of 32 days of a functional restoration program. The patient's date of injury is 09/08/10. The request is for dumbbells. The RFA is dated 08/20/15. Progress note dated 08/12/15 does not include any physical examination findings. The patient's current medication regimen is not provided. Patient is currently not working. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. Official Disability Guidelines, Knee and Leg Chapter, under Exercise Equipment states: Exercise equipment is considered not primarily medical in nature. In regard to the request for one pair of 20 pound dumbbells, such exercise equipment is not considered medical in nature and is not considered durable medical equipment. Progress note dated 08/12/15, which is associated with this request, indicates that this patient recently completed 32 days of a functional restoration program, and requests several types of exercise equipment for this patient to continue his self-directed therapy. While this patient could benefit from additional exercise, exercise equipment is not considered primarily medical in nature as it is useful to the patient in the absence of injury, and is not primarily and customarily used to serve a medical purpose. Therefore, the request is not medically necessary.