MAXIMUS Federal Services

Case Number:	CM15-0192831		
Date Assigned:	10/06/2015	Date of Injury:	05/20/2011
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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 33 year old female, who sustained an industrial injury on 05-20-2011. She has reported subsequent low back and right hip pain and was diagnosed with lumbar pain, lumbar, sacral and pelvic subluxation and myofascitis. Treatment to date has included chiropractic therapy, which was noted to provide good pain relief. In a progress note dated 07-31-2015, the injured worker reported 50-60% improvement of low back pain. Pain was rated as 2-4 and intermittent. Objective examination findings revealed decreased range of motion of the lumbar spine, subluxation of L1, L5, sacrum, moderate tightness of the associated lower quarter musculature and positive side bridge challenge with decreased pain with QL facilitation exercise. Work status was documented as full duty. In a progress note dated 08-07-2015, the physician noted that a gym ball and hand pump was provided to the injured worker and that the injured worker was instructed in a home based program of lumbar stabilization exercises. The physician noted that by teaching the injured worker to exercise these muscles while on the gym ball, she would be able to create better muscle and neural controls creating a positive impact on neuropathic pain patterns associated with chronic pain syndromes. A retrospective request for authorization of one gym ball was submitted. As per the 09-30-2015 utilization review, the retrospective request for one gym ball was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one gym ball (RFA dated 8/7/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Although the MTUS guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise gym ball versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise durable equipment is considered not primarily medical in nature and could withstand successive use by patients which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The Retrospective request for one gym ball (RFA dated 8/7/2015) is not medically necessary and appropriate.