

Case Number:	CM15-0193066		
Date Assigned:	10/07/2015	Date of Injury:	09/01/1997
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 67 year old female, who sustained an industrial injury on 9-1-97. The injured worker was diagnosed as having annular tear of lumbar disc, myalgia and myositis and bilateral trigger thumb. Medical records (6-17-13 through 7-6-15) indicated the injured worker refused surgery many years ago and had slight improvement with medications, exercise and diet. The physical exam (6-17-13 through 7-6-15) revealed decreased activity and weight gain. There is no documentation of lumbar range of motion or pain levels with and without use of zero gravity chair. As of the PR2 dated 8-12-15, the injured worker reports thumb pain. She is also requesting a new zero gravity chair as her current one is worn out. The physical examination does not specifically address the lower back and there is no documentation of current pain level. Treatment to date has included a lumbar MRI on 5-28-14 showing an L4-L5 annular bulge, Feldene, Alprazolam and Temazepam. The treating physician requested a zero gravity chair PT. The Utilization Review dated 9-15-15, non-certified the request for a zero gravity chair PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zero Gravity chair PT: 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) Zero Gravity chair PT.

Decision rationale: Zero Gravity Chair PT is not medically necessary. It is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains, postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as an acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for Zero Gravity Chair PT. There is no documentation that weight-bearing exercises were desirable as result of a co-morbid condition such as extreme obesity. Finally, although the claimant was diagnosed with weight gain there was no documentation of a BMI to substantiate this diagnosis; therefore, the requested service is not medically necessary.