

Case Number:	CM15-0039116		
Date Assigned:	03/09/2015	Date of Injury:	09/05/1995
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 51 year old male who sustained an industrial injury on 9/5/95. The injured worker reported symptoms in the left lateral buttock, coccygeal region, and right lateral hip. The injured worker was diagnosed as having T6-7 spinal cord injury with spastic paraplegia, bilateral trochanteric osteomyelitis with methicillin-resistant Staphylococcus aureus, left lateral buttock/hip pressure ulcer, previous coccygeal pressure ulcer, right lateral hip stage IV pressure ulcer and paraplegia. Treatments to date have included antibiotics, debridement with myocutaneous flap closure, wound care and bracing. In a progress note dated 1/8/15 the treating provider reports the injured worker "has been sitting 1-2 hours at a time with frequent pressure relief maneuvers" and noted improvement to the right lateral hip stage IV pressure ulcer. Request is for gym equipment for home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

RTI bike: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official disability Guidelines ODG-TWC Knee and Leg procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Exercise equipment ODG: Knee and Leg: Durable Medical Equipment (DME).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, exercise equipment is not considered medical equipment. Review of ODG and Medicare definition of Durable Medical Equipment (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. This request fails criteria 2 and 3. Exercise without appropriate medical supervision is not considered medical care, it is considered a good recommendation for the patient to maintain function. The patient should get exercise at home or a gym, specialized equipment is not medically supported. RTI bike is not medically necessary.

Home work out machine multi-system evolution 6000 equipment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Summary, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Exercise equipment ODG: Knee and Leg: Durable Medical Equipment (DME).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, exercise equipment is not considered medical equipment. Review of ODG and Medicare definition of Durable Medical Equipment (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. This request fails criteria 2 and 3. Exercise without appropriate medical supervision is not considered medical care, it is considered a good recommendation for the patient to maintain function. The patient should get exercise at home or a gym, specialized equipment is not medically supported. Home workout machine is not medically necessary.