

Case Number:	CM15-0088144		
Date Assigned:	05/13/2015	Date of Injury:	10/04/1994
Decision Date:	06/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66-year-old male, who sustained an industrial injury on 10/4/1994. Diagnoses have included status post myocardial infarction in October 1994, history of angina pectoris, hypertension and anoxic brain injury. Treatment to date has included exercise and medication. According to the progress report dated 2/27/2015, the injured worker was functionally improved and suffered from chronic pain syndrome and secondary myofascial syndrome. It was noted that the injured worker had known insulin resistance. Objective findings revealed the injured worker to be alert and oriented and in no apparent distress. It was noted that the injured worker had a broken treadmill that was important for daily exercise. A progress report dated 3/27/2015 noted that the injured worker's obesity had progressed and his exercise level had become more sedentary. Authorization was requested to replace a broken treadmill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replace Broken Treadmill ProForm Hybrid Dual Trainer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury nearly 20 years ago and is being treated for chronic pain. He has significant cardiovascular disease and diabetes. Although there is a history of anoxic brain injury, there does not appear to be residual neurological impairment. When seen, there was a stable gait. He is morbidly obese with a BMI of over 43. Authorization was requested for replacement of a broken treadmill. In terms of this request, compliance with a home exercise program would be expected. A regular walking program would meet the claimant's needs. There is no identified impairment that would indicate the need for a treadmill. A treadmill for home use is not medically necessary.