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| <b>Case Number:</b>   | CM15-0013540 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 04/08/2010 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old female sustained a work-related injury to her neck and right knee on 4/8/2010. According to the PR2 dated 2/4/2014, the injured worker's (IW) diagnoses are status post right knee arthroscopy and right knee medial compartment osteoarthritis. She reports continued knee pain and neck pain that radiates to the left shoulder. Previous treatment includes NSAIDs, Vicodin and knee arthroscopy. The treating provider requests [REDACTED] program consult, pillow for knee, bath bar and treadmill. The Utilization Review on 01/12/2015 non-certified [REDACTED] program consult, pillow for knee, bath bar and treadmill, citing California MTUS, Official Disability Guidelines (ODG) Treatment Index and Annals of Internal Medicine and Annals of Royal College of Surgeons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Consult QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation weight loss programs

**Decision rationale:** The California MTUS and ACOEM do not specifically address the request. Per the Official Disability Guidelines section on weight loss programs, Supervised weight loss programs are recommended when the patient has failed to appropriately self manage nutritional intake and a self-motivated exercise program to reach weight goals has failed. The submitted clinical documentation includes no weights or weight goals or failures of self-motivated programs. Therefore, the request is not certified.

**Pillow for the Knee QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee state: DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DME

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. There is no indication why this patient cannot use their own home pillow. The equipment itself is not rentable or able to be used by successive patients. Therefore, criteria have not been met per the ODG and the request is not certified.

**Bath Bar QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee state: DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DME

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. There is no indication why this patient needs this. The equipment itself is not rentable or able to be used by successive patients. Therefore, criteria have not been met per the ODG and the request is not certified.

**Treadmill QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee state: DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DME

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. There is no indication why this patient cannot use a health club's treadmill. The equipment itself is not rentable or able to be used by successive patients. Therefore, criteria have not been met per the ODG and the request is not certified.