

Case Number:	CM15-0017878		
Date Assigned:	02/05/2015	Date of Injury:	07/17/2012
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California

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:

The injured worker is a 53 year old male, who sustained an industrial injury on July 7, 2012. He has reported right hand pain, right hip pain, neck pain and lower back pain. The diagnoses have included joint pain of the pelvic region and thigh, and joint pain of the hand. Treatment to date has included medications and participation in a Health Education for Living with Pain (HELP) program. A progress note dated November 18, 2014 indicates a chief complaint of continued issues with grip strength, but that the injured worker was feeling stronger. There was no physical examination documented in the report. The treating physician is requesting a BOSU balance trainer as part of the HELP program. On January 23, 2015 Utilization Review denied the request for the BOSU balance trainer citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOSU balance trainer: 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 Knee and DME

Decision rationale: Exercise equipment is not considered medical in nature. The claimant had been undergoing a HELP/FRP program. The BOSU is considered an exercise equipment. In this case, there is no indication that the BOSU ball provides the only means to gain functional benefit. There is no unique properties mentioned that would benefit the claimant's hip, back or hands. The request for a BOSU is not medically necessary.