

Case Number:	CM15-0124331		
Date Assigned:	07/08/2015	Date of Injury:	08/01/2003
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 74-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 1, 2003. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for a treadmill purchase. The claims administrator referenced an RFA form dated December 15, 2014 in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported ongoing complaints of left knee pain status post earlier left knee surgery. The attending provider stated that the cost of the treadmill was less than the cost of 12 sessions of physical therapy. The attending provider stated that the usage of the treadmill, if successful, could obviate the need for a knee replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treadmill (indefinite): 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 & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Exercise Page(s): 98; 46-47.

Decision rationale: No, the request for a treadmill (purchase) was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicant should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimen. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that remaining and staying active, exercising, etc., are articles of applicant responsibility as opposed to articles of payer responsibility. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is no recommendation in favor of any one particular exercise regimen over another. Here, thus, the attending provider did not clearly state on his December 15, 2014 progress note why, how, and/or if provision of a treadmill was superior to conventional walking exercises, running, jogging, etc. Overall commentary on December 15, 2014 was sparse and did not set forth a clear or compelling case for a variance from MTUS parameters. Therefore, the request was not medically necessary.