

Case Number:	CM15-0177245		
Date Assigned:	09/17/2015	Date of Injury:	09/10/2009
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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 63 year old female who sustained an industrial injury on 09-10-2009. Mechanism of injury occurred when she was hit by a vehicle when working at the side of the road. Diagnoses include traumatic brain injury, chronic pain syndrome, anxiety-depression, and fracture of the pubic ramus, fracture of the cervical vertebra, industrial accident, lumbar transverse process fracture, insomnia, myofascial pain syndrome, neuropathic pain and tibia-fibula fracture. A treadmill is recommended for daily exercise for improved ambulation. A physician progress note dated 08-06-2015 documents the injured worker has continued right shin pain that she rated as a 6 out of 10. She reports non-daily use of Oxycodone. Trazodone helps her with sleep. She wants to go to the gym but would not be able to get there. She felt a treadmill would be a way for her to be more active. She ambulates with a single point cane. The thought of driving gives her anxiety. In a progress note dated 06-11-2015, documents progress from the Pain Program. Pool therapy has been very beneficial for her. Right lower extremity pain persists. She wants to exercise but would not be able to go to a gym. She feels a treadmill would be a way for her to exercise. Treatment to date has included diagnostic studies, medications, surgery, aqua therapy, pain management, and Behind the Wheel assessment for driving- diagnosis traumatic brain injury. A Request for Authorization dated 08-07-2015 was for a treadmill and a straight cane. On 08-14-2015 the Utilization Review non-certified the request for a Treadmill for home use QTY 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treadmill for home use QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg.

Decision rationale: According to the guidelines: The term 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. In this case, a treadmill can be used regardless of the injury and is not primarily medical in nature. There is no indication that simple walking would not be a reasonable method for exercise rather than a treadmill. As a result, the request for a treadmill is not medically necessary.