Case Number:	CM15-0033643		
Date Assigned:	02/27/2015	Date of Injury:	09/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on 09/26/2014. She has reported right hand/wrist/arm/elbow/shoulder pain. The diagnoses have included right hand and wrist pain; and right carpal tunnel syndrome. Treatment to date has included medications, cortisone injection, bracing, and physical therapy. Medications have included Anaprox, Fexmid, and Tramadol. A progress note from the treating physician, dated 12/22/2014, documented a follow-up visit with the injured worker. The injured worker reported right shoulder pain with limited range of motion, as well as pain, burning, and numbness in her right hand. Objective findings included positive Tinel sign in the medial distribution of the right hand; and right shoulder exam demonstrates limited range of motion with positive impingement signs on Hawkins and Neer testing. Request is being made for Treadmill. On 02/09/2015 Utilization Review noncertified a prescription for Treadmill. Non MTUS, ACOEM were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of Treadmill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treadmill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.ncbi.nlm.nih.gov/pubmed/12208444.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg (acute and chronic) chapter, exercise equipment; DME.

Decision rationale: This patient presents with right shoulder pain with limited range of motion, as well as burning numbness in her right hands. The current request is for a TREADMILL. The medical file provided for review includes progress reports dated 11/18/14, 12/2/14 and 12/22/14. None of the reports provide any discussion on the requested Treadmill. ODG Guidelines under the knee and leg (acute and chronic) chapter, section exercise equipment states that exercise equipment is considered not primarily medical in nature. ODG Guidelines then refers to the durable medical equipment section under the knee and leg chapter which requires that the equipment must have a primary medical purpose. ODG Guidelines also does not consider one exercise superior to another. ODG Guidelines states that the term DME is defined as equipment which: 1. Can withstand repeated use, i.e., not 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 of injury. 4. Is appropriate for use in a patient's home. The requested treadmill does not meet the ODG-TWC guideline definition of durable medical equipment. It is not primarily used to serve a medical purpose and can benefit a person in the absence of illness or injury. Furthermore, there is no discussion as to why the patient is unable to establish a home exercise program to manage her pain. Therefore, the requested treadmill IS NOT medically necessary.