

Case Number:	CM15-0092828		
Date Assigned:	05/19/2015	Date of Injury:	01/16/2009
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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, Hawaii

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 26 year old female, who sustained an industrial injury on 01/16/2009. She reported low back pain. Treatment to date has included medications and a functional restoration program. According to a progress report dated 04/08/2015, the injured worker still had pain in her low back and her bilateral hips. Low back pain was better but her hip pain remained unchanged. She was unable to get her medications approved. She had been applying for multiple jobs. Objective findings included the ability to transfer and ambulate with a guarded posture. She had fair lower extremity range of motion and strength. Range of motion of the back included flexion of 80 degrees and extension of 10 degrees. She had tenderness to palpation over the spinous process and paraspinal muscle of the lumbar spine. She had a positive FABER on the left and tight bilateral piriformis muscles. Diagnoses included low back pain, bilateral sacroiliac joint pain, discogenic low back pain and myofascial low back pain. Treatment plan included topical Capsaicin cream, Tramadol and Motrin. The provider noted that the following gym equipment would be needed: hand weights 10 and 15 pounds, ankle weight 10 pounds, 4 inch soft foam roll, thera-cane, agility ladder and stretching straps. Currently under review is the request for gym equipment: hand weights 10 pounds and 15 pounds, ankle weights 10 pounds, thera-cane, 4 inch soft foam roller, stretching strap, agility ladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym equipment: hand weight 10 LB and 15 lb, ankle weights 10 lb, thera-cane, 4 inch soft foam roller, stretching strap, agility ladder: 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 ODG, Low back chapter, Exercise.

Decision rationale: The patient presents with pain affecting the low back and bilateral hips. The current request is for Gym equipment: hand weight 10 LB and 15 lb, ankle weights 10 lb, thera-cane, 4 inch soft foam roller, stretching strap, and agility ladder. The requesting treating physician report dated 4/8/15 (17B) provides no rationale for the current request. The MTUS guidelines do not address the current request for Gym equipment. The ODG guidelines have the following regarding exercise of the low back: "If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." In this case, there is no rationale by the physician as to why the patient is unable to establish a beneficial home exercise program without the need for special equipment. Additionally, the guidelines state that advanced home exercise equipment may not be supported. Furthermore, the current request does not specify a duration in which the equipment is to be used and while a trial may be reasonable, the purchase of the gym equipment without documentation of functional improvement is not supported. The request is not medically necessary; recommendation is for denial.