

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	4/16/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006696

- 1) MAXIMUS Federal Services, Inc. has determined the request for **treadmill TC 20 with Bowflex tread climber is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **treadmill TC 20 with Bowflex tread climber is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The underlying date of injury in this case is 04/16/2003. This patient is a 68-year-old woman whose injury occurred as she was unloading butcher paper. Her diagnosis is localized primary osteoarthritis of the lower extremities. The patient has a history of status post left knee arthroscopy with femoral chondroplasty. Postoperatively the patient has been noted to ambulate with a slight antalgic gait. The initial physician reviewer noted that there was not sufficient evidence to support the recommendation of any particular exercise regimen over another and that exercise equipment was considered not primarily medical in nature.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for treadmill TC 20 with Bowflex tread climber:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines: Exercise, pages 46-47, which is part of MTUS; and, also used the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee, Exercise Equipment, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG): Section Low Back/Gym Memberships, which is not part of MTUS.

Rationale for the Decision:

The ODG guidelines indicate that while an individual exercise program is 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. The medical records provided for review at this time do not establish the need for advanced exercise equipment as requested, and for that reason, the guidelines have not been met. Further, the medical records outline that this employee has been noted to walk with an antalgic gait; it is not clear from either the guidelines nor the medical records that use of a treadmill would be an optimal or even tolerated form of treatment for this employee, or that the equipment would be utilized under medical supervision as recommended by the guidelines. The Manufacturer's information for the requested equipment states, "The TC20 is a combination of three machines, a treadmill, a stair climber, and an elliptical trainer." Use of such a combination of equipment, particularly the use of a treadmill and stair climber, for a patient with a history of knee pain would require substantial supervision and analysis by a physical therapist and physician in order to determine that the patient could tolerate this and would benefit from this and that it would be necessary in the home setting. These guidelines have not been met. **The request for treadmill TC 20 with Bowflex tread climber is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.