

<b>Case Number:</b>	CM13-0020293		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/10/1984
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old male who reported an injury on 01/10/1984. The available records show that the patient has been treated for pain in his neck, right shoulder, and low back. The physical exam performed on 08/09/2013 noted the patient had tenderness, spasm, and mildly decreased range of motion with pain at the cervical and lumbar spine regions. The right shoulder range of motion was mildly decreased with pain, tenderness about the rotator cuff, and positive orthopedic test for shoulder impingement. Prior treatment has included medications including naproxen, a home exercise program, and physical therapy. A gym membership to [REDACTED] was recommended certified on 04/06/2012; however, there was no evidence that the patient was unable to use the equipment provided there. The patient was most recently seen on 12/04/2013, which noted he has a painful condition about the neck, right shoulder, and lower back. Pain is reproduced with motion in both the lumbar spine and the cervical spine. The patient's current diagnoses are listed as a disc protrusion in the cervical spine, a right rotator cuff injury, and a lumbar spine disc protrusion. The physician is now requesting 1 stationary bicycle for home use and a prescription for Protonix, which was prescribed on 08/09/2013 through 10/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for one stationary bicycle for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment (DME).

**Decision rationale:** Official Disability Guidelines have been referred to in this case under the durable medical equipment heading. The term DME is defined as equipment which can withstand repeated use, for example, can normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The physician is requesting the use of a stationary bike in terms of a home exercise program for the neck, right shoulder, and lower back. Under California MTUS, exercise is recommended and patients are encouraged to further their functional improvement as a part of their treatment process. However there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Furthermore, the documentation is unclear regarding the patient's inability to perform home health exercises without the use of durable medical equipment. As such, the medical necessity for a stationary bike cannot be established at this time. As such, the requested service is non-certified.

**Decision for one prescription for Protonix, August 9, 2013 to October 9, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Under California MTUS, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as Omeprazole. However, looking back on the documentation, there is no indication the patient has any sort of gastrointestinal issues. Furthermore, there is also no indication the patient has utilized any form of oral medications that were listed in the plan of care on that date. Therefore, at this time, the medical necessity for Protonix cannot be established. As such, the requested service is non-certified