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| <b>Case Number:</b>   | CM13-0030691 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 03/12/2011 |
| <b>Decision Date:</b> | 01/22/2014   | <b>UR Denial Date:</b>       | 08/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 Occupational Medicine, 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 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 35-year-old female police officer who sustained injuries to the left hip as a result of wearing a heavy utility belt while working. The onset of symptoms was in 2010. She was diagnosed with a labral tear of the left hip. She was treated with PT, injections and underwent surgery on 12/14/11. Postoperatively she received PT and pool therapy. The primary treating provider's PR2 dated 9/27/13 indicates that with the exception of neck and right shoulder, examination of the rest of head, neck, spine and all four extremities are within normal limits. She complained of bilateral hand numbness and axial neck pain with radiation to lateral forearm, thumb and index finger, bilaterally. The diagnosis was right shoulder pain, persistent hip pain and neck pain. The request is for an elliptical trainer home machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of elliptical trainer home machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therefore, as no particular exercise is recommended the elliptical is not medically necessary. In addition, the ODG does not consider exercise equipment to be medical treatment.