

<b>Case Number:</b>	CM13-0050572		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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:

This is a 59-year-old female claimant, who sustained a vocational injury working as a legal secretary when she was lifting some heavy objects on 06/30/08. The medical records provide for review include the office note dated 10/07/13, noting upper midback pain radiating through to her left hip, and left leg and low back pain. A physical examination showed her posture was noted to be slightly stooped forward, she leaned away from the right side and walked without an assistive device. She had a well healed midline incision that extends from T3 to S1, tenderness in the ribcage area toward the left at the thoracolumbar junction with no palpable hardware. The previous surgical intervention was documented to include lumbar laminectomy and fusion from T3 to S1. X-rays at the 10/07/13 office visit showed evidence of a thoracolumbar fusion that appeared solid from T3 to S1. She had hardware from L1 to S1 posteriorly and had a solid anterior inner body fusion. The claimant's working diagnosis was solid thoracolumbar fusion T3 to S1, with retained lumbar segmental hardware. The current request is for durable medical equipment in the form of a TreadClimber by [REDACTED], model TC20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) purchase of TreadClimber by [REDACTED], Model TC20:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition (web), 2013, Knee & leg - Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 2013 Updates, Knee and Leg chapter - Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines do not recommend the purchase of the TreadClimber by [REDACTED]. The current request for the TreadClimber does not currently meet the definition of medical treatment for the patient's vocational injury or physical capabilities. Generally, environmental modifications are considered not primarily medical in nature. Generally, durable medical equipment is defined as equipment that can withstand repeated use and can normally be rented, and used by successive patients, which is not the situation with the current request for the tread climber. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the durable medical equipment in the form of a TreadClimber by [REDACTED], model TC20 is not considered medically necessary.