

<b>Case Number:</b>	CM14-0000920		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; long and short-acting opioids; and extensive periods of time off of work. An earlier progress note dated December 3, 2013 was notable for comments that the applicant reported persistent pain. The applicant stated that she would like to obtain an exercise machine which could help her to exercise at home. It was then stated that medications were helpful for the applicant. The applicant was on Percocet, Neurontin, Dexilant, Lidoderm, Flexeril, and Tegaderm, it was stated. Medications were refilled. Acupuncture was endorsed. The applicant was asked to obtain an exercise machine and/or electric wheelchair while working at a rate of four hours a day. A six-session course of physical therapy was also endorsed. In an earlier note of November 14, 2013, the applicant's treating provider stated that the exercise unit/exercise machine which the applicant was requesting should be something that the applicant should take care of on her own.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RAAZ 20K EXERCISE MACHINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve a functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain to an exercise regimen. In this case, then, the exercise machine and associated exercise regimen/exercise program being sought by the attending provider have been deemed by ACOEM to represent articles of applicant responsibility as opposed to articles of payer responsibility. In this case, no compelling case has been made for usage of a machine so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.