

<b>Case Number:</b>	CM14-0001340		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 patient is a 27-year-old female who has submitted a claim for cervical and thoracic spine sprain/strain, bilateral shoulder strain, left elbow medial epicondylitis, and left knee contusion/sprain/strain, associated with an industrial injury date of January 10, 2013. Medical records from 2013-2014 were reviewed, which showed that the patient complained of improvement with cervical, thoracic, and lumbar spine, and left elbow and left hip/knee symptoms. The patient was noted to have reached maximum medical improvement and was released from care. Physical examination revealed tenderness at left brachioradialis, left medial epicondyle, and paralumbar muscles. Reverse Cozen's test was positive on the left. Range of motion of the lumbar spine was restricted on all planes. Treatment to date has included medications, acupuncture, physical therapy, chiropractic treatment, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESISTANCE CHAIR ( FOLDING RESISTANCE):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Exercise Equipment

**Decision rationale:** The California MTUS does not specifically address exercise equipment, so the Official Disability Guidelines (ODG) were used instead. The ODG states that durable medical equipment is recommended generally if there is a medical need. It further states that exercise equipment is considered not primarily medical in nature. There is no clear rationale for the medical use of the requested exercise equipment. As such, the request is not medically necessary.

**SMOOTH RIDER II (EXERCISE CYCLE ADD-ON):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Exercise Equipment

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