

<b>Case Number:</b>	CM14-0168833		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back and fibromyalgia reportedly associated with cumulative trauma at work first claimed on April 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for 'physical therapy supplies and home exercises equipment.' The claims administrator stated that this denial was based on a September 23, 2014 request for authorization (RFA) form and associated progress notes of September 23, 2014 and July 1, 2014. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 3, 2012, it was acknowledged that the applicant was not working and was receiving both Workers' Compensation indemnity and Social Security Disability Insurance (SSDI) benefits. The applicant had been deemed disabled secondary to fibromyalgia and depression, it was acknowledged. The applicant last worked in April 2007. The remainder of the file was surveyed. The information on file comprised almost entirely of historical medical-legal evaluations. The July and September 2014 progress notes on which the articles in questions were sought were not seemingly incorporated into the Independent Medical Review (IMR) packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) supplies and home exercise equipment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Exercise Equipment

**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 functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The physical therapy supplies and home exercise equipment being sought, thus, are, per ACOEM, articles of applicant responsibility as opposed to article of payer responsibility. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the progress notes and RFA forms on which the articles in question were sought were not seemingly incorporated into the IMR packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.