

<b>Case Number:</b>	CM14-0050438		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 03/04/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 03/05/2014 indicated diagnoses of diabetes mellitus secondary to chronic pain and weight gain, GERD, erectile dysfunction, and obstructive sleep apnea disorder. The injured worker reported he wanted an elliptical machine. The injured worker also reported bloating with alternate constipation and nose bleeding. On physical examination the injured worker's weight was 248, blood pressure 138/78, heart regular, lungs clear without wheezing. The injured worker's clinical note dated 05/14/2014 indicated the injured worker was planning to have surgery of the left knee. On physical examination the injured worker's weight was 245, blood pressure 130/86, lungs clear, heart regular weight with no gallops. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included metformin, Cialis, and Viagra. The provider submitted a request for 1 elliptical machine. A Request for Authorization dated 03/05/2014 was submitted for an elliptical machine; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Elliptical machine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines states 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. There was a lack of documentation of a complete physical assessment to include neurologic deficits. In addition, the provider did not indicate a rationale for the request. Furthermore, per the guidelines there is a lack of evidence to support 1 particular exercise regimen over another. Therefore, the request for 1 elliptical machine is not medically necessary.