

<b>Case Number:</b>	CM14-0053820		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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, has a subspecialty in Interventional Spine 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 54-year-old male with an injury date on 10/14/2005. Based on the 01/15/2014 progress report provided by [REDACTED], the diagnoses are lumbar myoligamentous injury with degenerative disc disease and facet arthropathy; cervical myoligamentous injury; bilateral knee internal derangement; status-post (S/P) posterior lumbar interbody fusion (performed March 2011); status-post (S/P) meniscectomy right knee (performed August 2011); lumbar spinal cord stimulator (SCS) trial (in September 2012); status-post (S/P) removal of retained hardware at L5-S1 with posterior lateral interbody fusion at L4-5 and L5-S1 (in February 2013); right lateral epicondylitis, industrial; and medication induced gastritis. According to this report, the patient complains of lumbar pain. The patient rates his pain today at a 7-8/10 with any type of bending, twisting and turning. Tenderness to palpation noted at the right elbow and lumbar musculature bilaterally. Lumbar range of motion decreased significantly. Straight-leg raise is positive bilaterally in the modified sitting position. The right knee reveals tenderness to palpation and soft tissue swelling with crepitus. An electromyography (EMG) on March 9, 2010 reveals a mild left L5 radiculopathy. The computerized tomography (CT) scan of the lumbar spine on September 28, 2007 reveals 2-mm annular disc bulges at L3-4 and L4-5, and a 3-mm annular disc bulge at L5-S1. There were no other significant findings noted on this report. [REDACTED] is requesting one home exercise equipment kit. The utilization review denied the request on 03/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/16/2013 to 03/36/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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: Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

**Decision rationale:** According to the 01/15/2014 report by [REDACTED] this patient presents with lumbar pain, right elbow pain and right knee pain. The treater is requesting one home exercise equipment. The MTUS guidelines do not address gym memberships. The Official Disability Guidelines (ODG) knee chapter states, not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Review of the reports show no documentation as to why this patient requires a home exercise equipment and why a home exercise program would not be adequate. There is no discussion of who is administering and monitoring the treatment. The request for one home exercise equipment does not appear to be in accordance with ODG guidelines. Recommendation is not medically necessary.