

<b>Case Number:</b>	CM14-0056537		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This 53 year old patient had a date of injury on 1/5/2007 . The mechanism of injury was hurting her low back while moving boxes and files during an office move. In a progress noted dated 3/24/2014, subjective findings included increased back pain that radiates down both legs, bilateral hand pain. On a physical exam dated 3/24/2014, objective findings included scar of six-bilateral wrists and left thumb, +MRI left knee torn medial meniscus, limited ROM. There was tenderness and pain, weakness bilateral upper and lower extremities, L/S pain and spasms. Diagnostic impression shows status post op bilateral ctf, status post op it trigger thumb release, depression, and L/S sprain/strain with intermittent radiculopathy, and urological problems. Treatment to date: medication therapy, behavioral modification, lumbar ESIs. A UR decision dated 4/3/3014 denied the request for leg press machine the Shuttle, stating that there was lack of documented improvement with similar machine in PT and lack of response to any home exercises previously. She is apparently obese, has not responded to any treatments to date, and has underlying psychological issues with chronic fatigue and lack of interest. It was very unlikely that she would respond to self-directed use of this machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Leg Press Machine "The Shuttle": 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 website, [http://www.pattersonmedical.com/app.aspx?cmd=getProduct&key=IF\\_498471](http://www.pattersonmedical.com/app.aspx?cmd=getProduct&key=IF_498471).

**Decision rationale:** MTUS and ODG do not address this issue. The Shuttle affords therapeutic rehabilitation using progressive resistance. It protects joints and spine on impact, and zeroes in on the eccentric phase of overspeed plyometrics. In this case, there was no justification as to why the patient needs the "The Shuttle". On a progress noted dated 3/25/2014, it was documented that the patient had no relief from home exercises, and that she also suffered from depression. Furthermore, in a progress note dated 10/13/2013, the patient is reported have failed weight watchers, a weight management program, gaining 10 lbs since last visit. There was no discussion regarding objective functional goals and how the psychological issues would be managed to justify the Leg Press Machine "The Shuttle." Therefore, the request for leg press machine "The Shuttle" was not medically necessary.