

<b>Case Number:</b>	CM14-0063496		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 65-year-old male with a date of injury of 06/16/2011. The listed diagnoses per [REDACTED] are: 1. Status post right carpal tunnel release, 10/29/2013. 2. Status post right carpal tunnel release and De Quervain's release on 03/12/2013. 3. Bilateral 4th trigger and right 5th trigger finger. 4. Lower spine sprain/strain with mild mid-bilateral facet L3 to S1 2-mm desiccation. 5. Moderate stenosis at L4-L5. This is a request for 1 resistance chair with smooth recline and 1 request to review medical records with a narrative that provides discussion. The request is made by [REDACTED]. [REDACTED] provides progress reports from 05/07/2013 to 01/31/2014. None of these progress reports discussed these requests. Progress report from 04/09/2014 by [REDACTED] reports that the patient has continued low back pain with muscle spasm. The pain is aggravated in the morning and upon arising from a chair. Examination revealed decreased and painful lumbar range of motion with proactive lumbar and sacroiliac testing. The patient was instructed to continue home exercises, stretches, and strengthening. [REDACTED] recommended the patient receive a resistance chair with smooth cycle to improve and strengthen the quadriceps and lumbar spine at home. He additionally requested authorization for the review of an AME psych report and to be compensated for a narrative report that provides a discussion. Utilization Review denied the request on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Resistance chair with smooth cycle: 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).

**Decision rationale:** The patient presents with continued low back pain with muscle spasm. ■■■■■ recommends the patient receive a resistance chair with smooth cycle to improve and strengthen the quadriceps and lumbar spine at home. The ACOEM, MTUS, and ODG Guidelines do not discuss resistance chair. The resistance chair with smooth cycle is an exercise device that provides resistance workout from a seated position with a paddler accessory. However, ODG Guidelines states under gym membership, while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline. There is no evidence that chronic pain patients require specialized equipments such as a resistance chair to achieve an effective home exercise program. Recommendation is not medically necessary.

**1 Request to review medical records and for a narrative that provides discussion:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 9785 section of the labor code: reporting duties of the primary treating physician.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** This patient presents with continued low back pain with muscle spasm. ■■■■■ requests authorization for the review of an AME psych report and to be compensated for narrative report that provides a discussion. MTUS page 8 has the following: The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Review of reports and providing narrative discussion is part of normal reporting and monitoring duties to manage patient care. Recommendation is medically necessary.

