

<b>Case Number:</b>	CM14-0186987		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant sustained a work injury occurring on 03/04/10 when, while working as a manager, he injured his back while lifting a television. His past medical history included scoliosis surgery. Treatments included participation in a functional restoration program. As of 05/20/14 he had completed eight weeks of treatment. He had been able to discontinue use of a cane. He was continuing to perform a home exercise program. Hydrocodone / acetaminophen 5/325 mg #10, ibuprofen 200 mg up to four times per day, and omeprazole 20 mg two times per day were prescribed. Authorization for DME was requested. The claimant was seen by the requesting provider on 08/08/14. He was having right shoulder pain. Physical examination findings included decreased shoulder range of motion. Medications were refilled. Pain was rated at 6/10. On 10/10/14 authorization for DME was again requested. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOSU Ball, Lumbar (Purchase): 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 Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back and shoulder pain. Treatment has included completion of a functional restoration program. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not required specialized equipment. The requested BOSU Ball is not medically necessary.

**Pair of Adjustable Cuff Weights #10 Pounds, Lumbar (Purchase): 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 Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back and shoulder pain. Treatment has included completion of a functional restoration program. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not required specialized equipment. The requested pair of Adjustable Cuff Weights is not medically necessary.

**Norco Safety Ball 75 CM, Lumbar (Purchase): 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 Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back and shoulder pain. Treatment has included completion of a functional restoration program. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not required specialized equipment. The requested Norco safety ball is not medically necessary.

**Foam Roller 36X36 Inches, Lumbar (Purchase): 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 Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back and shoulder pain. Treatment has included completion of a functional restoration program. In terms of a home exercise program, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require specialized equipment. The requested foam roller is not medically necessary.