

<b>Case Number:</b>	CM15-0192120		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male, who sustained an industrial injury on 9-8-2010. Diagnoses include lumbar disc degeneration, myalgia and myositis, and joint pain, lower leg. Treatments to date include activity modification, medication therapy, physical therapy, TENS unit, exercise program, trigger point injections, epidural steroid injection, and chiropractic therapy. A functional Restoration Program Integrative Summary Report for the dated 8-10-15 through 8-12-15, documented 32 days of a functional restoration program was completed. The records indicated ongoing pain in the lower back despite previous conservative treatments. The report documented that an interdisciplinary approach was used with good success and in regards to the low back, he was free to return to work unrestricted. The plan of care included recommending a home exercise program utilizing durable medical equipment (DME). The appeal requested authorization for a Gym ball. The Utilization Review dated 8-26-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Ball:** 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) Low Back Chapter, under Exercise, Knee & Leg Chapter, under Durable medical equipment.

**Decision rationale:** The patient presents with pain in his low back, buttocks, and left leg, including left knee and ankle. The request is for GYM BALL. The request for authorization is dated 08/20/15. Patient's diagnoses include degeneration of lumbar disc; myalgia and myositis, unspecified; joint pain, lower leg. Physical examination reveals myofascial restrictions of the lumbar spine. No radicular symptoms with intact sensation to light touch. The patient is able to heel and toe walk. Negative straight leg raise, Reflexes are 2+ and equal. Patient's past treatments include medication, chiropractic, physical therapy, massage therapy, aquatic therapy, epidural steroid injection, TENS unit, home exercise program, and psychotropic medication treatment. Patient's medications include Norco and Amitriptyline. Per progress report dated 08/20/15, the patient is returned to work without restrictions. ODG Guidelines, Low Back Chapter, under Exercise Section states, Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. ODG Guidelines, Knee & Leg Chapter, under Durable medical equipment (DME) Section States, Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Per progress report dated 08/20/15, treater's reason for the request is "for posture and core exercise training and stretching." It appears the treater is requesting a Gym Ball to be used by patient as part of a home exercise program. Given guideline support for exercise, and this particular DME, the request appears reasonable. Therefore, the request IS NOT medically necessary.