

<b>Case Number:</b>	CM15-0192121		
<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>	08/28/2015
<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-work injury on 9-8-10. He reported initial complaints of left leg pain, low back, and right ankle pain. The injured worker was diagnosed as having right ankle fracture, depression, degeneration of lumbar spine, myalgia, myositis, and joint pain, lower leg. Treatment to date has included medication, physical therapy, functional restoration program (32 days), and home exercise program. Currently, the injured worker complains of leg, ankle, and back pain. Mediations include Norco 5-325 mg and Amitriptyline HCL 50 mg. Per the functional restoration program report on 8-10-15- 8-12-15, report states he demonstrated independence to participate in a home exercise program and has increased functional tolerances to pushing-pulling-lifting-carrying duties. Durable medical equipment was recommended that included an Agility Ladder for balance. The Request for Authorization requested service to include Agility Ladder. The Utilization Review on 8-28-15 denied the request for Agility Ladder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Agility Ladder:** 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) Knee & Leg Chapter, under Exercise equipment 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 agility ladder. 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 returned to work without restrictions. ODG Guidelines, Knee & Leg Chapter, under Exercise equipment Section states, "See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005)" 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 "challenges the user to maintain proper balance and proprioceptive control during coordinated lower extremity movements." It appears the treater is requesting a Agility Ladder to be used by patient as part of a home exercise program. Although most guidelines generally recommend exercise programs, ODG guidelines do not consider exercise equipment to be primarily medical in nature. The requested Agility Ladder does not meet Medicare's definition of a DME as it does not serve a primary medical purpose. Therefore, the request is not medically necessary.