

<b>Case Number:</b>	CM15-0201891		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 34 year old female, who sustained an industrial injury on 10-31-13. The injured worker was diagnosed as having left wrist tendonitis extending into the forearm, status post cyst removal with subsequent neuropathy and myofascial restriction with epicondylitis. Subjective findings (2-24-15, 3-25-15) indicated 3-4 out of 10 pain in the left shoulder and left arm. Objective findings (2-24-15, 3-25-15, and 5-5-15) revealed full range of motion in the left wrist and a negative Tinel's sign. She started to develop pain in her right elbow and wrist and has a positive Finkelstein test on the right. As of the Functional Restoration Program Integrative Summary for dates 9-14-15 through 9-17-15, the treating physician reports that the injured worker has completed 32 days of authorized time and has done "very well". The injured worker still has pain in the left wrist and elbow, but has demonstrated increased control in managing her pain symptoms. The treating physician recommended the durable medical equipment for medical purposes to cure and relieve the effects of the industrial injury. Treatment to date has included physical therapy, massage therapy, a functional restoration program since 4-22-15 and Naproxen. The Utilization Review dated 10-2-15, non-certified the request for an exercise ball: G gym ball (65m), a thera-cane, ankle weights: one adjustable pair cuff weight (10lbs), an agility ladder and an Eva half-round foam roller.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise ball: G Gym ball (65m): 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) Exercise.

**Decision rationale:** According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Home exercise programs are usually designed without the need for specialized equipment. The purpose of a gym ball is for posture, core exercise training, and stretching. However, in this case, there is no documentation indicating necessity for the requested G Gym ball (65 cm) for home exercise. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Thera-cane: 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) Massage and Other Medical Treatment Guidelines Thera-cane Product Information.

**Decision rationale:** Thera-cane is a self-massager used to apply pressure to sore muscles. This device allows one to apply deep pressure massage to hard-to-reach areas of the body. According to the guidelines, mechanical massage devices are not recommended. In addition, there is minimal information to substantiate the use of this device for elbow and wrist disorders. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Ankle weights: one (1) pair adjustable cuff weights (10 lbs): 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) Exercise.

**Decision rationale:** According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Home exercise programs are usually designed without the need for specialized equipment. Ankle weights were requested for lower extremity strengthening and balancing activities. In this case, the documentation states left elbow and wrist pathology. There is no documentation indicating necessity for the requested 10 lb ankle weights. Medical necessity for the requested item has not been established. The requested items are not medically necessary.

**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) Exercise.

**Decision rationale:** According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Home exercise programs are usually designed without the need for specialized equipment. An agility ladder is used to maintain proper balance and control during coordinated lower extremity movements. In this case, the documentation states left elbow and wrist pathology. There is no documentation indicating necessity for the requested agility ladder. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Eva half-round foam roller:** 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) Exercise.

**Decision rationale:** According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Home exercise programs are usually designed without the need for specialized equipment. According to the guidelines, mechanical massage devices are not recommended. In this case, the documentation states left elbow and wrist pathology. There is no documentation indicating necessity for the requested foam roller. Medical necessity for the requested item has not been established. The requested item is not medically necessary.