

<b>Case Number:</b>	CM15-0025864		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 46 year old female, who sustained an industrial injury on 10/2/12. She has reported back injury. The diagnoses have included lumbosacral strain and stenosis. Treatment to date has included physical therapy, home exercise program, aqua therapy and oral medications. Currently, the injured worker complains of low back pain. Physical exam noted limited range of motion of thoracolumbar spine and aquatic therapy helped to relieve symptoms. On 2/2/15 Utilization Review non-certified equipment for home exercise program: WG water runner belt LG, WG water gear bells soft, WG ankle weights 5lbs/PR and HF buoyancy cuffs, noting it is not medically necessary as it is unclear why an active home exercise program could not be continued for further gains. The ODG was cited. On 2/9/15, the injured worker submitted an application for IMR for review of equipment for home exercise program: WG water runner belt LG, WG water gear bells soft, WG ankle weights 5lbs/PR and HF buoyancy cuffs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Equipment for Independent Home Exercise Program: WG Water Runner Belt LG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter for Exercise equipment Knee Chapter online for DME.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Equipment for independent home exercise program WG water runner belt, LG requested on the 7/31/14 medical report was denied because the requested items are a matter of patient convenience. The 7/31/14 report provided for review does not appear to request the exercise equipment, nor provide a rationale for the requested items. There are no diagnoses listed. The prior medical report is dated 6/12/14 and shows a diagnosis of lumbar strain. The request is for pool exercise equipment. MTUS did not discuss exercise equipment. ODG guidelines were consulted for DME. ODG discusses DME in the knee chapter. ODG-TWC guidelines, Knee Chapter online for DME 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) The ODG guidelines, Knee Chapter for Exercise equipment states "See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005)" The exercise equipment is not recommended under ODG guidelines, as it does not fit the definition of Durable medical equipment. It is not primarily medical in nature, and can be used by a person in the absence of illness or injury. The request for Equipment for independent home exercise program WG water runner belt, LG, IS NOT medically necessary.

**Equipment for Independent Home Exercise Program: WG Water Gear Bells Soft:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter for Exercise equipment Knee Chapter online for DME.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Equipment for independent home exercise program, WG water gear belts, soft requested on the 7/31/14 medical report was denied because the requested items are a matter of patient convenience. The 7/31/14 report provided for review does not appear to request the exercise equipment, nor provide a rationale for the requested items. There are no diagnoses listed. The prior medical report is dated 6/12/14 and shows a diagnosis of lumbar strain. The request is for pool exercise equipment. MTUS did not discuss exercise equipment. ODG guidelines were consulted for DME. ODG discusses DME in the knee chapter. ODG-TWC guidelines, Knee Chapter online for DME 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) The ODG guidelines, Knee Chapter for Exercise equipment states "See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005)" The exercise equipment is not recommended under ODG guidelines, as it does not fit the definition of Durable medical equipment. It is not primarily medical in nature, and can be used by a person in the absence of illness or injury. The request for Equipment for independent home exercise program, WG water gear belts, soft, IS NOT medically necessary.

**Equipment for Independent Home Exercise Program: WG Ankle Weights 5 lbs/PR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter for Exercise equipment Knee Chapter online for DME.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Equipment for independent home exercise program, WG ankle weights 5 lbs/pair requested on the 7/31/14 medical report was denied because the requested items are a matter of patient convenience. The 7/31/14 report provided for review does not appear to request the exercise equipment, nor provide a rationale for the requested items. There are no diagnoses listed. The prior medical report is dated 6/12/14 and shows a diagnosis of lumbar strain. The request is for pool exercise equipment. MTUS did not discuss exercise equipment. ODG guidelines were consulted for DME. ODG discusses DME in the knee chapter. ODG-TWC guidelines, Knee Chapter online for DME 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) The ODG guidelines, Knee Chapter for Exercise equipment states "See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005)" The exercise equipment is not recommended under ODG guidelines, as it does not fit the definition of Durable medical equipment. It is not primarily medical in nature, and can be used by a person in the absence of illness or injury. The request for Equipment for independent home exercise program, WG ankle weights 5 lbs/pair, IS NOT medically necessary.

**Equipment for Independent Home Exercise Program: HF Buoyancy Cuffs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter for Exercise equipment Knee Chapter online for DME.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Equipment for independent home exercise program HF buoyancy cuffs requested on the 7/31/14 medical report was denied because the requested items are a matter of patient convenience. The 7/31/14 report provided for review does not appear to request the exercise equipment, nor provide a rationale for the requested items. There are no diagnoses listed. The prior medical report is dated 6/12/14 and shows a diagnosis of lumbar strain. The request is for pool exercise equipment. MTUS did not discuss exercise equipment. ODG guidelines were consulted for DME. ODG discusses DME in the knee chapter. ODG-TWC guidelines, Knee Chapter online for DME 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) The ODG guidelines, Knee Chapter for Exercise equipment states "See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005)" The exercise equipment is not recommended under ODG guidelines, as it does not fit the definition of Durable medical equipment. It is not primarily medical in nature, and can be used by a person in the absence of illness or injury. The request for Equipment for independent home exercise program HF buoyancy cuffs, IS NOT medically necessary.