

<b>Case Number:</b>	CM15-0036446		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 49 year old female who sustained a work related injury on April 16, 2010. There was no mechanism of injury documented. The injured worker is status post a lumbar fusion (no date documented). The injured worker was diagnosed with lumbar degenerative disc disease, spondylolisthesis, lumbar stenosis, lumbar sprain, sciatica, depressive disorder and generalized anxiety disorder. According to the primary treating physician's progress report on January 6, 2015 the injured worker had tenderness and some spasm with a trigger point in the right paralumbar area which was injected with Decadron and Ketorolac. Active voluntary range of motion of the thoracolumbar spine demonstrated forward flexion at 45 degrees, extension at 10 degrees, and lateral bending bilaterally at 15 degrees. Straight leg raise was mildly positive bilaterally. Motor examination was within normal limits in the lower extremities. Hip range of motion was full bilaterally. Current medications are listed as Hydrocodone, Gabapentin, Lidoderm patch and Citalopram. Current treatment modalities noted are trigger point injection, individual psychotherapy sessions, aquatic c therapy and medication. The treating physician requested authorization for Equipment for independent home exercise program (WG ankle weights 5lbs/PR, HF buoyancy cuffs, WG fingerless force glove M, WG water gear bells soft, WG water runner belt LG) and a Gym membership x 6 months. On February 5, 2015 the Utilization Review denied certification for Equipment for independent home exercise program (WG ankle weights 5lbs/PR, HF buoyancy cuffs, WG fingerless force glove M, WG water gear bells soft, WG water runner belt LG) and a Gym membership x 6 months. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS),

American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME PURCHASE: Equipment for independent home exercise program (WG ankle weights 5lbs/PR, HF buoyancy cuffs, WG fingerless force glove M, WG water gear bells soft, 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 ACOEM and (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, home exercise "Recommended. Lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification and exercise, including gentle muscle stretching, range-of-motion exercises, flexibility and graduated strengthening. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. (Bisset, 2006) (Boisubert, 2004) (Trudel, 2004) (Field, 1998) (California, 1997) (Pienimaki, 1998) (Solveborn, 1997) With regard to type of exercise, one trial concluded that stretching, concentric strengthening with stretching, and eccentric strengthening with stretching all show significant gains without significant differences with regard to pain-free grip strength, Patient-rated Forearm Evaluation Questionnaire, Disabilities of the Arm, Shoulder, and Hand questionnaire, Short Form 36, and visual analog pain scale. (Martinez, 2005) Only limited levels of evidence exist to suggest that eccentric exercise (EE) has a positive effect on clinical outcomes such as pain, function, and patient satisfaction/return to work when compared to various control interventions such as concentric exercise (CE), stretching, splinting, frictions and ultrasound. More studies need to be conducted with regard to EE. (Woodley, 2006) Eccentric exercises with a simple wrist-extending rubber cylinder in a simple, home-based program could help alleviate pain for people with chronic lateral epicondylitis. The exercises involved twisting the cylinder with concentric wrist flexion of the noninvolved arm, and releasing the twist with eccentric wrist extension of the involved arm. The exercise was performed in 3 sets of 15 repetitions daily, and the intensity increased over the treatment period. The eccentric group had a significant improvement in the amount of disability, compared to the standard-treatment group, and there was also a significant decrease in pain, compared to the standard-treatment group. (Tyler, 2009) A recent review of eccentric exercises in the treatment of lateral elbow tendinopathy concluded that eccentric training produced encouraging results, although the literature is limited and eccentric programs have been varied. Eccentric exercises involve lengthening of the musculotendinous unit while a load is applied to it, such as twisting a coiled bar. (Murtaugh, 2013)" Although the patient may benefit from home exercise, there is no rationale from using DME to perform the home program. ODG Guidelines do not recommend DME for home exercise. Therefore, the request is not medically necessary.

**Gym membership x 6 months:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships  
([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPEC](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC)).

**Decision rationale:** According to MTUS guidelines, "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." According to ODG guidelines, Gym memberships "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." There no clear evidence that the patient have difficulty performing land based physical therapy There is no documentation for a clear benefit expected from Aquatic therapy. Therefore, the prescription of aquatic therapy is not medically necessary. The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for Gym membership x 6 months is not medically necessary.