

<b>Case Number:</b>	CM14-0161165		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58 year old male with a date of injury of 1/6/11. Subjective complaints are of left elbow pain. A physical exam showed tenderness of the medial and lateral condyle, and decreased strength with left wrist flexion. The plan was for physical therapy and a large foam roller for a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Large Foam Roller for the left elbow:** 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), Knee & Leg, Durable Medical Equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, DME, EXERCISE EQUIPMENT,

**Decision rationale:** The ODG states that exercise equipment is considered not medical in nature. Guidelines do not support specific exercise equipment over traditional prescribed and home exercise programs. The submitted documentation does not identify rationale why a specific type

of exercise equipment is needed. Therefore, the medical necessity of a large foam roller is not established.