

<b>Case Number:</b>	CM15-0116067		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Preventive Medicine, Occupational 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 (n) 63-year-old female, who sustained an industrial injury on 10/23/08. She reported pain in her neck, right elbow, and bilateral wrists and back related to repetitive motions. The injured worker was diagnosed as having chronic pain syndrome, degeneration of lumbosacral intervertebral disc and degeneration of cervical intervertebral disc. Treatment to date has included physical therapy a TENs unit, a cervical fusion on 4/29/14, Percocet and Soma. As of the PR2 dated 5/27/15, the injured worker reports constant pain in her neck and back. She noted feeling increased back pain yesterday after bending over. She had had a lumbar radiofrequency ablation, which relieved her pain until yesterday. Objective findings include normal cervical flexion, negative straight leg raise test and pain with extension of the lumbar spine. The treating physician performed a trigger point injection to the lower thoracic iliocostalis muscle at the visit. The treating physician requested treadmill exercise equipment for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treadmill exercise equipment for home use, quantity; 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Version, Knee and Leg (Acute & Chronic), Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Treadmill exercise equipment for home use, quantity; 1 is not medically necessary.