

<b>Case Number:</b>	CM14-0192757		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Applicatio n</b>	11/18/2014

### 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. 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2013. In a utilization review report dated October 23, 2014, the claims administrator failed to approve a request for a resistance chair and a Smooth Rider II with associated Exercise Cycle add on. The claims administrator referenced a September 22, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note of September 22, 2014, the applicant reported ongoing complaints of low back pain. The note was very difficult to follow, handwritten, and not altogether legible. The applicant reported a primary complaint of chronic low back pain (LBP), with ancillary complaints of depression. The applicant's pain complaints ranged from 7-10/10. The applicant was on Elavil and Nucynta, it was suggested in various sections of the note. Trigger point injections apparently were performed in the clinic itself. The applicant stated that she only walked on occasion and did not do much. Her family was apparently doing the bulk of the daily household chores, it was reported. The note was very difficult to follow and did not seemingly make explicit mention of the need for the articles at issue.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Resistance chair QTY#1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation The Resistance Chair Exercise Chair System for Senior, [vqactioncare.com/](http://vqactioncare.com/).

**Decision rationale:** No, the request for a resistance chair was not medically necessary, medically appropriate, or indicated here. The device in question, per the product description, apparently represents a piece of exercise equipment. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercises can include exercises with and without mechanical assistance or resistance and functional activities with assistive devices, here, however, the attending provider's handwritten September 22, 2014 office visit was difficult to follow, thin and sparsely developed, not altogether legible, and did not clearly state why the device in question was prescribed. It was not stated precisely what home exercises the resistance chair in question was intended to facilitate. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy or physical methods, which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated insofar as the resistance chair was concerned. Therefore, the request was not medically necessary.

### **Smooth rider II (exercise cycle add-on):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Smooth Rider II Exercise Cycle for Resistance Chair, <https://www.activeforever.com/smooth-rider-ii-exercise-cycle-for-resista>.

**Decision rationale:** Similarly, the request for a Smooth Rider II Exercise Cycle was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request in question represented a request for a recumbent bike or exercise bike for home use purposes. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices, as was seemingly proposed here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The

September 22, 2014 progress note was thinly developed, handwritten, difficult to follow, not entirely legible, and did not clearly state for what purpose the exercise cycle was needed or indicated. It was not stated how (or if) the Smooth Rider Exercise Cycle could advance the applicant's overall activity level. Therefore, the request was not medically necessary.