

Case Number:	CM13-0019536		
Date Assigned:	10/11/2013	Date of Injury:	11/20/1988
Decision Date:	01/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of November 20, 1988. A utilization review determination dated August 15, 2013 recommends noncertification of home cycle InvOCare top end and gym membership. A letter dated August 28, 2013 states, "[REDACTED] is requesting replacement of his current hand cycle that he has had since 2005 which is worn out and in need of costly repair. He is requesting a Lasher sport all-terrain hand cycle. The patient feels that with his new hand cycle he can maintain a regular exercise program on a variety of terrains instead of being limited because of his disability. I feel that regular use with this cycle would eliminate his need for a gym membership and help him maintain a regular regimen of fitness." A progress report dated July 10, 2013 identifies subjective complaints stating, "the patient is a 51-year-old gentleman with a history of T7 complete spinal cord injury, which occurred in 1988. He presents today for annual follow-up evaluation. He has a new adjuster, and is happy with the services from uninsured employers benefit trust. His leg wound healed fully and his blood pressure has been under control. He is feeling stiffness in his right hand and wrist on both hands. He feels tightness in his index fingers. He reports his back still hurts but his right shoulder is doing well." Physical examination identifies, "no volitional movement is noted at the hip flexors, quadriceps, tibialis anterior, gastroc, hamstring. Deep tendon reflexes are absent at the knee and ankle. There is no clonus. Babinski is negative. Sensation is altered at about the T10 level." Diagnoses included T8 complete paraplegia, hypertension, right upper back myofascial pain, autonomic dysreflexia, and bilateral lower extremity edema, and cellulitis, lower extremity spasticity secondary to spinal cord injury, and neurogenic bowel and bladder. Treatment plan recommends, "return to gym exercise program daily. Prescription for hand cycle in InvoCare/top end."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) hand cycle, Invocare/Top End: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Cornerstones of Disability Prevention and Management 77 and Official Disability Guidelines (ODG), Chronic Pain Chapter, Exercise.

Decision rationale: Regarding the request for Hand Cycle Invocare/Top End, a search of the Internet identifies that this is a recreational hand cycle. California MTUS and ODG do not include criteria for the use of recreational equipment. Occupational Medicine Practice Guidelines recommend resuming aerobic activity as soon as possible to avoid deconditioning. ODG states that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. Within the documentation available for review, the requesting physician has not identified why the patient would be unable to maintain an exercise program without the currently requested hand cycle. In the absence of such documentation, as well as lack of guideline support for recreational devices, the currently requested Hand Cycle Invocare/Top End is not medically necessary.

Unknown gym membership: 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, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym

equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.