

Case Number:	CM13-0047207		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2011
Decision Date:	03/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/11/2013

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, 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. 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:

This is a patient with a date of injury of 11/14/11. A utilization review determination dated 11/6/13 recommends non-certification of a gym ball, stretch out strap, dumbbells, balance pad, foam roller, and aerobic step. A progress report dated 11/6/13 identifies that the patient successfully completed the functional restoration program and has made significant progress. She has also successfully detoxed. However, due to her scattered nature and inability to follow instructions clearly, she did not follow instructions and went into florid withdrawal as she decided to just stop all her Suboxone medications and all other medications. She has significant withdrawal symptoms and despite instructions, she never called her provider. She is now off her Suboxone and feels fine. The provider recommended that she see a psychologist for better insight on how to manage compliance with the treatment program that was learned in the functional restoration program. He felt that she would greatly benefit from [REDACTED] remote care where she can get continued motivation to continue with the program that she had learned in the functional restoration program. She needs ongoing support for the use of cognitive behavioral therapeutic approaches, coping skills, pacing strategies, physical therapeutic approaches, and rehabilitative approaches to maintain the progress she has done. The provider recommended eight sessions of CBT initially as well as [REDACTED] remote care. It was felt that, without this authorization, the patient would regress and require greater resources in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

A gym ball: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for 1 gym ball, the Chronic Pain Medical Treatment Guideline do support the use of active participation in an independent home exercise program to maintain improvement levels. However, home exercise programs are typically designed without the need for specialized equipment. Within the documentation available for review, there is no documentation identifying a clear rationale for the need for specialized equipment in this case. The request for a gym ball is not medically necessary or appropriate.

A stretch out strap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for 1 stretch out strap, the Chronic Pain Medical Treatment Guidelines do support the use of active participation in an independent home exercise program to maintain improvement levels. However, home exercise programs are typically designed without the need for specialized equipment. Within the documentation available for review, there is no documentation identifying a clear rationale for the need for specialized equipment in this case. The request for a stretch out strap is not medically necessary or appropriate.

One pair os dumbbells: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for 1 pair of dumbbells, the Chronic Pain Medical Treatment Guidelines do support the use of active participation in an independent home exercise program to maintain improvement levels. However, home exercise programs are typically designed without the need for specialized equipment. Within the documentation available for review, there is no documentation identifying a clear rationale for the need for specialized equipment in this case. The request for one pair of dumbbells is not medically necessary or appropriate.

Balance pad (27 x 14 x 4 inches): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for 1 balance pad, 24x14x4 inches, the Chronic Pain Medical Treatment Guidelines do support the use of active participation in an independent home exercise program to maintain improvement levels. However, home exercise programs are typically designed without the need for specialized equipment. Within the documentation available for review, there is no documentation identifying a clear rationale for the need for specialized equipment in this case. The request for a balance pad (27 x 14 x 4 inches) is not medically necessary or appropriate.