

Case Number:	CM13-0053094		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2010
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old female who reported an injury on 04/01/2010. The mechanism of injury was an inversion injury of the ankle. Diagnoses included CRPS type I, opioid dependence, and chronic right lower extremity pain. The patient was noted to undergo 4 months of HELP remote care, and re-assessment; and there was a purchase of equipment that was submitted as of 05/16/2013. The patient was noted to be prescribed a foam roll, stretch-out straps, and a mirror, dumbbells of 5 and 8 pounds, and adjustable cuff weights on 05/10/2013. A prescription of 10/03/2013 duplicated these items. The documentation of 09/16/2013 revealed that the patient had an interdisciplinary re-assessment, and a medical conference. It was the opinion per the physician that the patient endorsed significant benefit from a HELP remote care program, and that she should continue with ongoing HELP remote care. The request was made for an outpatient 3 month HELP remote care, 1 weekly call, a re-assessment of 1 visit for 4 hours, and the accompanying exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A THREE MONTH REMOTE CARE HELP PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: California MTUS Guidelines indicate that total treatment duration for a multidisciplinary pain management program should not exceed 20 full-day sessions or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. The clinical documentation submitted for review indicated the patient had 4 months of previous HELP remote care and there was a lack of documentation indicating subjective and objective gains to support the necessity for ongoing treatment. There was a lack of documentation of the quantity of hours the patient had participated in. The request as submitted failed to indicate the quantity of hours being requested. Given the above, the request for outpatient 3 months of HELP remote care is not medically necessary.

ONE WEEKLY CALL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A REASSESSMENT OF ONE VISIT FOR FOUR HOURS:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

THE PURCHASE OF A ROLYAN MULTI-PHASE DENSENSITIZATION KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

ACHIEVA SMART MIRROR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

A FOAM ROLL (6'x36''): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

A STRETCH OUT STRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

A PAIR OF FIVE POUND DUMBBELLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

ADJUSTABLE CUFF WEIGHTS (10 POUNDS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

A GYM BALL FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.