

Case Number:	CM13-0064986		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2009
Decision Date:	09/08/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 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:

This case is a 38-year-old male with a date of injury on 2/16/2009. Medical records indicate the patient is undergoing treatment for chronic neck/bilateral shoulder/low back pain, degenerative changes of cervical spine/shoulder joint/lumbar spine, depression, and anxiety. Subjective complaints (10/15/2013) include "chronic low back pain". Limited subject complaints were provided. Objective findings (10/11/2013) include 'well groomed', normal thought content, normal speech, and no suicidal/homicidal ideation. Progress note dated 8/30/2013 revealed sitting and standing tolerance of 60 minutes each, lifting/carrying progress from 11 pounds on 7/19/2013 to 26 pounds on 8/30/2013, pushing progress from 20 pounds on 8/23/2013 to 30 pounds 8/30/2013. Treatment has included cervical fusion (unknown date), HELP restoration program, Suboxone, Gabapentin, Naproxen, Tizanidine, Diazepam, Trazadone, Nortriptyline, Abilitfy, Lidoderm patch, Clonidine patch, Tylenol, Zofran, Imodium, and medicinal marijuana. A utilization review dated 10/31/2013 non-certified the follow:-4 months of HELP remote care with one weekly call due to focus of program should have geared towards self and home care.-Interdisciplinary reassessment (1 visit x 4 hours) due to noncertification of HELP remote care.-3 round foam rolls due to medical necessity of DME not established.-1 pair dumbbells (5 lbs) due to medical necessity of DME not established.-1 pair dumbbells (8 lbs) due to medical necessity of DME not established.-Occipital float due to medical necessity of DME not established.-Gym ball with pump due to medical necessity of DME not established.-Thera-cane due to medical necessity of DME not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIR OF DUMBBELLS (8LBS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of dumbbells. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home Dumbbells meet the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, dumbbells are not classified as durable medical equipment and are not recommended per ODG. As such, the request for 1 Pair of Dumbbells (8lbs) is not medically necessary.

GYM BALL (65 CM) AND PUMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment) After a professional and thorough review of the documents.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Gym Ball (65 cm) and Pump. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home Gym Ball (65 cm) and Pump meets the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, Gym Ball is not classified as durable medical equipment and is not recommended per ODG. As such, the request for Gym Ball (65 cm) and Pump is not medically necessary.

OCCIPITAL FLOAT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding Occipital Float. Occipital Float (made by the company OPTP) is a portable device designed to provide range of motion exercises for the cervical spine. According to the manufacture website, Occipital Float is "Ideal for post-cervical whiplash, myofascial, and osseous cervical problems". ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below". Medicare details DME as: -durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home This product meets the criteria for medical need and durable medical equipment per Medicare classification. The medical indications also appear to be consistent with "active self-directed home Physical Medicine", per MTUS. As such, the request for Occipital Float is medically appropriate.

THERA-CANE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding Thera-Cane. Thera-cane/thera-cane is a non-motorized portable deep pressure massage. According to the manufacturer's website, thera-cane is used for "temporary relief from muscular tension, stiffness, tenderness and soreness". ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below". Medicare details DME as: -durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home This product meets the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, this device is not classified as durable medical equipment and is not recommended per ODG. As such, the request for Thera-Cane is not medically necessary.

4 MONTHS OF HELP REMOTE CARE WITH ONE WEEKLY CALL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain programs (functional restoration programs).

Decision rationale: MTUS states that "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The patient appears to have benefited from the prior HELP treatment program. The expectation, however, was to be independent with at-home and self-directed exercises at the conclusion of a program of this type. The medical records do not indicate any extenuating circumstances that would warrant exception from MTUS guidelines. As such, the request for 4 months of help remote care with one weekly call is not medically necessary.

1 4-HOUR INTERDISCIPLINARY REASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The patient appears to have benefited from the prior HELP treatment program. The expectation, however, was to be independent with at-home and self-directed exercises at the conclusion of a program of this type. The medical records do not indicate any extenuating circumstances that would warrant exception from MTUS guidelines. Since remote HELP treatment was not found to be medically necessary, the request for 1 4-hour interdisciplinary reassessment is not medically necessary.

1 PAIR OF DUMBBELLS (5LBS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Dumbbells (5lbs). ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home Dumbbells (5lbs) meet the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, dumbbells are not classified as durable medical equipment and are not recommended per ODG. As such, the request for Dumbbells (5lbs) is not medically necessary.

3 ROUND FOAM ROLLS (36"X6"): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of 3 Round Foam Rolls (36X6). ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home 3 Round Foam Rolls (36X6) meet the criteria for durability and home use per Medicare classification. However, they are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, dumbbells are not classified as durable medical equipment and are not recommended per ODG. As such, the request for 3 Round Foam Rolls (36X6) is not medically necessary.