MAXIMUS Federal Services

Case Number:	CM14-0001478		
Date Assigned:	01/22/2014	Date of Injury:	03/04/2009
Decision Date:	08/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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:

The patient is a 38-year-old male who has filed a claim for rotator cuff syndrome associated with an industrial injury date of March 04, 2009. The review of progress notes indicates good progress with the interdisciplinary treatment ([redacted]) program (completed on December 06, 2013) in terms of increased function, decreased medication intake, and development of behavioral/coping strategies. The patient has been trained in an exercise routine, which can be continued at home. The patient complains of left-sided neck pain since beginning the functional restoration program. The findings include spasms over the cervical and thoracic paraspinals, and mildly positive shoulder impingement sign on the right. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), trigger point injections, chiropractic therapy, physical therapy, interdisciplinary treatment programs, and right rotator cuff surgery in January 2011. The utilization review from December 24, 2013 denied the requests for exercise pulley (extended over-the-door arm pulley) for purchase, one (1) pair of adjustable cuff weights for purchase, theracane (purchase), and one (1) pair of dumbbells, as there is limited evidence to support the superiority of these products over conventional modes of exercise and equipment, and these are not primarily considered medical in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) exercise pulley (extended over the door arm pulley) for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Exercise equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Physical therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that exercise is recommended, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other regimen. The Official Disability Guidelines indicate that use of a home pulley system for stretching and strengthening should be recommended. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. A report from the patient's interdisciplinary program indicates that the patient has been trained regarding the correct use of this equipment, and has demonstrated competency in performing the recommended home exercise program. Therefore, the request for exercise pulley (extended over-the-door arm pulley) for purchase is medically necessary.

One (1) pair of adjustable cuff weights for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Exercise equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Exercise equipment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that exercise is recommended, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other regimen. The Official Disability Guidelines indicate that exercise equipment is considered not primarily medical in nature. A report from the patient's interdisciplinary program indicates that the patient has been trained regarding the correct use of this equipment, and has demonstrated competency in performing the recommended home exercise program. However, although continuation of exercises should be performed, there is no discussion regarding the use of cuff weights for the shoulder. Therefore, the request for one (1) pair of adjustable cuff weights for purchase is not medically necessary.

One (1) TheraCane for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Exercise equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter, Durable medical equipment (DME), and Non-MTUS Thera Cane (http://www.theracane.com/index.html).

Decision rationale: An online search indicates that TheraCane is a deep pressure massager to treat trigger points associated with myofascial pain syndrome. Pressure applied to the muscles by the TheraCane helps to maximize the flow of oxygenated blood to the muscles, aiding in restoring muscle function by breaking up adhesions in muscle fibers and tendons. The Chronic Pain Medical Treatment Guidelines indicate that massage therapy is recommended as an adjunct to other recommended treatment in attenuating diffuse musculoskeletal symptoms. There is lack of long-term benefit. The strongest evidence is for stress and anxiety reduction. The Official Disability Guidelines indicate that durable medical equipment (DME) are recommended if there is a medical need. In this case, there is no documentation indicating the need for a specialized massager over conventional therapies for the patient's pain and muscle spasms. Therefore, the request for one (1) TheraCane for purchase is not medically necessary.

One (1) pair of dumbbells (8 pounds): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg, Exercise equipment.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that exercise is recommended, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other regimen. The Official Disability Guidelines indicate that exercise equipment is considered not primarily medical in nature. A report from the patient's interdisciplinary program indicates that the patient has been trained regarding the correct use of this equipment, and has demonstrated competency in performing the recommended home exercise program. However, although continuation of exercises should be performed, there is no documentation regarding the specific need for a pair of dumbbells. Therefore, the request for one (1) pair of dumbbells (8 pounds) is not medically necessary.