

Case Number:	CM14-0158055		
Date Assigned:	10/01/2014	Date of Injury:	11/11/2011
Decision Date:	12/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This is a 30-year old female patient with a date of injury on 11/11/2011. The mechanism of injury occurred when a 200 pound boxed desk was dropped onto her shoulder by a coworker from behind, who was attempting to throw it in a cart. In a provider note dated 8/19/2014, there were no subjective complaints. There were also no objective findings. The patient had completed her last authorized day in the HELP outpatient detoxification services on 8/19/2014. The provider noted that this patient was still being weaned off medications. The diagnostic impression showed CRPS type 1 in left upper extremity, left rotator cuff syndrome, sprain of left acromioclavicular joint, status post distal clavicle excision and subacromial decompression on 4/20/2012 on the left side, and adhesive capsulitis of left shoulder. Treatment to date included: medication management, behavioral modification, and Functional Restoration Program. A UR decision dated 9/4/2014 denied the request for 1) HELP remote care for 4 months, 2) Reassessment 1 visit for 4 hours, 3) DME: Gymball (65cm), stretch out strap, 1 pair of dumbbells (3lbs); 1 pair of dumbbells (5lbs), and 4) DME: occipital float, aerobic step (27x14x14in), desensitization dowels (10 piece set), and mirror box (Achieva SMART-Mirror). Regarding HELP remote care for 4 months and reassessment 1 visit for 4 hours, the rationale provided regarding these denials was that the claimant had completed a functional restoration program, which should result in substantial therapeutic gains and functional improvement. No reasons or indications were documented justifying the necessity of ongoing continuation of the aftercare as well as reassessment. Regarding DME: Gymball (65cm), stretch out strap, 1 pair of dumbbells (lbs); 1 pair of dumbbells(5lbs), and DME: occipital float; aerobic step(27x14x14in); desensitization dowels (10 piece set); and mirror box (Achieva SMART-Mirror 9x13.4in), the rationale provided regarding these denials was that these are gymnastic equipment that can be purchased and utilized by the claimant, and neither the guidelines nor standard of practice

support the necessity of such DME equipment to maintain functionality. Additionally, the provider had not outlined the reasons for requesting the DME exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP remote care for 4 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Aftercare FRP

Decision rationale: CA MTUS does not address this issue. ODG states that treatment post functional restoration program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. However, in the 8/19/2014 progress report, there was no clear discussion provided regarding the additional benefits of 4 months of aftercare following completion of the Functional Restoration Program. Furthermore, objective functional goals were not outlined and discussed. Therefore, the request for HELP remote care for 4 months is not medically necessary.

Reassessment 1 visit, 4 hours: Upheld

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

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) Chapter 7 Independent Medical Examinations and Consultations page 127, 156

Decision rationale: CA MTUS recommends office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. However, the purpose of the reassessment was to evaluate the progress of the HELP remote aftercare. The medical necessity of HELP remote aftercare was not established. Therefore, the request for reassessment 1 visit for 4 hours is not medically necessary.

Gymball (65cm), stretch out strap, 1 pair of dumbbells (3 lbs); 1 pair of dumbbells (5 lbs): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Durable Medical Equipment

Decision rationale: CA MTUS does not address this issue. ODG recommend DME if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which 1) can withstand repeated use, i.e., could normally be rented, and used by successive patients, 2) is primarily and customarily used to serve a medical purpose, 3) is generally not useful to a person in the absence of illness or injury, and 4) is appropriate for use in a patients home. However, the requested items are not primarily and customarily used to serve a medical purpose. Furthermore, these items could be generally useful by most individuals in the absence of injury or illness. Therefore, the request for Gymball (65cm), stretch out strap, 1 pair of dumbbells (3 lbs); 1 pair of dumbbells (5 lbs) is not medically necessary.

Occipital float, aerobic step (27x14x14in), desensitization dowels (10 piece set), and mirror box (Achieva SMART-Mirror 9x13.4in): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Durable Medical Equipment

Decision rationale: CA MTUS does not address this issue. ODG recommend DME if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which 1) can withstand repeated use, i.e., could normally be rented, and used by successive patients, 2) is primarily and customarily used to serve a medical purpose, 3) is generally not useful to a person in the absence of illness or injury, and 4) is appropriate for use in a patients home. However, the requested items are not primarily and customarily used to serve a medical purpose. Furthermore, these items could be generally useful by most individuals in the absence of injury or illness. Therefore, the request: Occipital float, aerobic step (27x14x14in), desensitization dowels (10 piece set), and mirror box (Achieva SMART-Mirror 9x13.4in) is not medically necessary.