

Case Number:	CM14-0168447		
Date Assigned:	10/16/2014	Date of Injury:	07/26/2013
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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:

Injured worker is a female with date of injury 7/26/2013. Per functional restoration program integrative summary report, transition, dated 9/11/2014, the injured worker participated in medical lectures that discussed how others perceive her pain and how that influences her pain experience as well as talked about how the skills she is learning in the program can help her control her pain. She participated actively in pain skills groups where she was able to develop a conceptual framework for enhancing self esteem and self efficacy and to explore strategies to nurture social relationships with loved ones. She performed well on the gym floor this week. She continues to tolerate the exercises well and is far less somatically focused than in weeks prior. She continued to demonstrate progress including increasing her lifting/carrying and meeting her walking goal. She is pleased with her progress in the program and feels her knee is stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Airex Balance Pad (2.5"x19.5"x16.25"): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Shoulder Chapter: Home Exercise Kits

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

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Medical necessity for special exercise equipment has not been established within the recommendations of the MTUS Guidelines. The request for Airex Balance Pad (2.5"x19.5"x16.25") is determined to not be medically necessary.

Over the Door Arm Pulley: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Shoulder Chapter: Home Exercise Kits

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

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Medical necessity for special exercise equipment has not been established within the recommendations of the MTUS Guidelines. The request for Over the Door Arm Pulley is determined to not be medically necessary.

1 Pair of Adjustable Cuff Weights: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Shoulder Chapter: Home Exercise Kits

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

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Medical necessity for special exercise equipment has not been established within the recommendations of the MTUS Guidelines. The request for 1 Pair of Adjustable Cuff Weights is determined to not be medically necessary.