

Case Number:	CM14-0173272		
Date Assigned:	10/24/2014	Date of Injury:	12/28/2009
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 42-year-old female with a 2/28/09 date of injury. The mechanism of injury occurred while she was cleaning a Jacuzzi, she slipped and fell onto her buttocks and felt a popping sensation in her back. According to a progress report, dated 6/13/14, the patient reported that her knee has been slightly better with the use of anti-inflammatories. She still has pain, but less so on some days and worse on others. She rated her pain as a 6/10. The provider discussed with her the need to continue doing her home exercise program and taking her medications. She was also instructed to return next week for a steroid injection. Objective findings: limited to vital signs. Diagnostic impression: radicular syndrome of lower limbs, myalgia and myositis. Treatment to date: medication management, activity modification, physical therapy, functional restoration program, home exercise program. A UR decision dated 10/10/14 denied the requests for theraband gym ball, stretch out strap, 1 pair of adjustable weights, and theracane x1. The clinical documentation submitted for review does not provide any evidence that the patient is unable to participate in a self-managed, self-directed exercise program and requires additional equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraband Gym Ball (65cm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

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

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, in the present case, the most recent progress report provided for review was dated over 3-months ago. There is no documentation that the requested exercise equipment is intended to serve a medical purpose. In addition, the documentation does not provide evidence of increased functional capabilities as it relates to the employee's current home exercise program. Therefore, the request for Theraband Gym Ball (65cm) was not medically necessary.

Stretch out Strap x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

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

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, in the present case, the most recent progress report provided for review was dated over 3-months ago. There is no documentation that the requested exercise equipment is intended to serve a medical purpose. In addition, the documentation does not provide evidence of increased functional capabilities as it relates to the employee's current home exercise program. Therefore, the request for Stretch out Strap x1 was not medically necessary.

1 Pair of adjustable weights (10 lbs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

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

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, in the present case, the most recent progress report provided for review was dated over 3-months ago. There is no documentation that the requested exercise equipment is intended to serve a medical purpose. In addition, the documentation does not provide evidence of increased functional capabilities as it relates to the employee's current home exercise program. Therefore, the request for 1 pair of adjustable weights (10 lbs) was not medically necessary.

Theracane x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

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

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, in the present case, the most recent progress report provided for review was dated over 3-months ago. There is no documentation that the requested exercise equipment is intended to serve a medical purpose. In addition, the documentation does not provide evidence of increased functional capabilities as it relates to the employee's current home exercise program. Therefore, the request for Theracane x1 was not medically necessary.