

Case Number:	CM14-0020571		
Date Assigned:	04/30/2014	Date of Injury:	10/18/2011
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 53-year-old male patient with an October 18, 2011 date of injury. He injured himself while he was operating a lawn mower and had to push with his right leg. An April 18, 2014 progress report indicated that the patient was complained of pain along the right groin that radiated distally along the medial thigh and inferiorly to the lower leg. These were associated with numbness and tingling in the right groin area, right abdomen and foot. His pain aggravated with pulling, pushing, sitting and walking. Physical exam revealed tender to palpation diffusely in the right abdomen and groin. He was diagnosed with right inguinal hernia status post laparoscopic repair in November 28, 2011, probable nerve entrapment along the right inguinal area, and probable chronic pain syndrome. Treatment to date has included medication management and a [REDACTED] from November 11, 2013 to January 03, 2014. There is documentation of a previous January 31, 2014 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary Pain Program (4 months of remote care): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support continued functional restoration program (FRP) participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The patient presented with the pain in the groin area radiating to the lower extremity. There was a documentation supporting of patient attending [REDACTED] from November 11, 2013 to January 03, 2014. However, there was no evidence of functional gains or pain relief. In addition, it was not clear how many session the patient completed. Guidelines do not support more than 20 sessions of program. Therefore, the request is not medically necessary.

One Time Re-Assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support continued functional restoration program (FRP) participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, guidelines state that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. The patient presented with the pain in the groin area radiating to the lower extremity. There was a documentation supporting of patient attending [REDACTED] from November 11, 2013 to January 03, 2014. However, there was no evidence of functional gains or pain relief. In addition, it was not clear how many session the patient completed. The patient completed the program on January 03, 2014. Most likely, his condition has been assessed. There was no documentation to support new exacerbation. Therefore, the request is not medically necessary.

Gym Ball (65cm): 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 Chapter: Exercise Equipment.

Decision rationale: The California MTUS Guidelines do 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request is not medically necessary.

A pair of Dumbbells (3lbs): 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 Chapter: Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines do not support 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request is not medically necessary.

A pair of Dumbbells (10lbs): 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 Chapter: Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines do not support 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in

regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request is not medically necessary.

A pair of Adjustable Cuff Weights (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 Chapter: Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines do 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request is not medically necessary.

Stretch-Out Strap: 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 Chapter: Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines do 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request is not medically necessary.

Exercise Pulley: 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 Chapter: Durable Medical Equipment.

Decision rationale: The California MTUS Guidelines do 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. The Official Disability Guidelines (ODG) state 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, there was no documentation supporting patient's appropriate home exercise program description. In addition, there was no documentation in regards to the exercise kits he used. The ODG cited that exercise equipment is considered not primarily medical in nature. Therefore, the request for exercise pulley was not medically necessary.