MAXIMUS Federal Services

Case Number:	CM14-0020887		
Date Assigned:	04/30/2014	Date of Injury:	11/01/2000
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
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:

Patient is a 48-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, bilateral ulnar nerve lesion, cervical myalgia / myositis, and depression associated with an industrial injury date of 11/01/2000.Medical records from 2012 to 2013 were reviewed. Patient complained of chronic neck and bilateral wrist pain. Physical examination showed positive tenderness at the right trapezius, rhomboids, and levator scapula. Tinel's sign was positive bilaterally. Range of motion of the cervical spine was normal. Patient participated in a HELP interdisciplinary pain rehabilitation direct care program from 12/03/2013 until 01/17/2014. She demonstrated improved functional independence and increased tolerance in lifting objects. The goals of remote care include maintaining functional progression, pursuing return-to-work, and supporting goal setting activities. Treatment to date has included [redacted] interdisciplinary pain rehabilitation, carpal tunnel release, physical therapy, and medications.Utilization review from 01/22/2014 denied the requests for 4 months of remote care reduced intensity and one interdisciplinary re-assessment because there were no barriers reported indicating that the patient was unable to continue implementing newly learned skills and techniques on her own; denied all of the home exercise equipment (one foam log, stretching strap, one pair of adjustable weights, safety exercise ball, Airex balance pad, Thera cane, one pair of dumbbells (3lbs), one pair of dumbbells (5lbs), and 30 foot agility ladder) because these were not primarily medical in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 months of remote care reduced intensity interdisciplinary pain treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic Pain Programs (Functional Restoration Program) Page(s): 31-32.

Decision rationale: Page 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that continued functional restoration program (FRP) participation is supported 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. In this case, patient has completed 6 weeks of direct [redacted] program from 12/03/2013 until 01/17/2014. She demonstrated improved functional independence and increased tolerance in lifting objects. The goals of remote care include maintaining functional progression, pursuing return-to-work, and supporting goal-setting activities. However, the patient has been instructed in a home exercise program, which will suffice in achieving the minimal residual deficits. The medical necessity has not been established due to lack of compelling rationale for the need of a continued course of treatment. Therefore, the request for 4 months of remote care reduced intensity interdisciplinary pain treatment is not medically necessary.

One interdisciplinary reassessment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One foam log: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one foam log is not medically necessary.

Stretching strap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for stretching strap is not medically necessary.

One pair of adjustable weights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of adjustable weights is not medically necessary.

Norco safety exercise ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for Norco safety exercise ball is not medically necessary.

Airex balance pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for Airex balance pad is not medically necessary.

Thera cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for Thera Cane is not medically necessary.

One pair of dumbells (3lbs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of dumbbells (3 lbs) is not medically necessary.

One pair of dumbells (5lbs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for one pair of dumbbells (5 lbs) is not medically necessary.

30 foot agility ladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that 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. DME includes home exercise kits. In this case, patient had completed his functional restoration program. The rationale for the requested equipment is because the patient demonstrated competency in performing the recommended home exercise program and that the patient had been trained concerning its use. However, medical records submitted and reviewed failed to document a home exercise program to support his functional gains. There is no documented program that indicated the number of repetitions, sets, frequency of use daily or weekly in order to achieve his goals. Guideline criteria were not met. Therefore, the request for 30 foot agility ladder is not medically necessary.