MAXIMUS Federal Services

Case Number:	CM14-0033737		
Date Assigned:	07/23/2014	Date of Injury:	04/13/2013
Decision Date:	08/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/18/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back, elbow and neck pain reportedly associated with an industrial injury of April 13, 2013. Thus far, the applicant has been treated with the following Analgesic medications, topical compounds and transfer of care to and from various providers in various specialties.In a utilization review report dated January 14, 2014, the claims administrator denied a request for a home exercise kit and various topical compounded medications. Non-MTUS Official Disability Guidelines (ODG) were invoked to deny the rehabilitation kit. The claims administrator did not incorporate cited guidelines into its rationale in several instances. The applicant's attorney subsequently appealed. In a January 14, 2014 progress note, the applicant was given prescriptions for Motrin, Protonix and several topical compounds. The applicant presented with primary complaints of multifocal upper back, elbow, hand, wrist, chest wall and knee pain. The applicant was placed off of work, on total temporary disability on the grounds that modified work was unavailable. A pain management consultation and a home exercise kit were sought. It was stated that the applicant could continue with home exercises in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab kit for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official dissability guidelines, active therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit/exercise kit being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider had himself acknowledged that the applicant is capable of independently performing home exercises without the rehabilitation kit in question. Therefore, the request for Rehab kit for lumbar spine is not medically necessary.

Rehab kit for Cervial Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official dissability guidelines, active therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider has himself acknowledged in a January 14, 2014 progress note that the applicant is, in fact, capable of independently performing home exercises without a need for the proposed rehabilitation kit. Therefore, the request for Rehab kit for Cervical Spine is not medically necessary.

Rehab kit for Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official dissability guidelines, active therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit being sought by the attending provider, thus, per ACOEM, represents an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request for Rehab kit for Elbow is not medically necessary.

Rehab kit for hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official diassability guidelines, active therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit being sought by the attending provider, thus, per ACOEM, represents an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider himself acknowledged via a January 14, 2014 progress note that the applicant was, in fact, capable of independently performing home exercises without a need for the proposed rehabilitation kit. Therefore, the request for Rehab kit for hand is not medically necessary.

Compound medications: Flurbiprofen 25 %, Cyclobenzaprine 2 %; 240 GM, Gabapentin 10 %, Lidocaine 5%, Tramadol 15 %; 240 GM.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded agents Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 111-113, Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the principal ingredients in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Compound medications: Flurbiprofen 25 %, Cyclobenzaprine 2 %; 240 GM, Gabapentin 10 %, Lidocaine 5%, Tramadol 15 %; 240 GM. is not medically necessary.