

Case Number:	CM14-0040078		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2009
Decision Date:	09/24/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect a 45 year old female who sustained a work injury on 3-12-09. On this date, the claimant was lifting merchandise and sustained an injury to her right hand. This claimant has completed a [REDACTED] interdisciplinary pain program with reported functional progress. Office visit on 3-13-14 notes the request for a remote care services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient four (4) months of remote care reduced intensity interdisciplinary pain treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - CPMP.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that CPMP should not exceed 20 full days or 160 days. Medical Records reflect a claimant with chronic pain complaints who has recently completed an interdisciplinary chronic pain program. There is an absence in documentation noting why this claimant would require additional

interdisciplinary intervention beyond the recommendations from current guidelines. There is an absence in documentation noting that this claimant cannot follow-up with her treating doctor after she completed this program. Therefore, the medical necessity of this request is not established.

One-time reassessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - CPMP.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that CPMP should not exceed 20 full days or 160 days. Medical Records reflect a claimant with chronic pain complaints who has recently completed an interdisciplinary chronic pain program. There is an absence in documentation noting why this claimant would require reassessment after she completed the CPMP. Therefore, the medical necessity of this request is not established.

Purchase of 1 gym ball: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.

Three (3) foam rolls (round six by thirty-six inches (6"x36")): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.

One stretch out strap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.

One pair of adjustable cuff weights (5 pounds): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.

One TheraCane: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - massage.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes massage should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Beneficial effects were registered only during treatment. There is an absence in documentation noting that the claimant is performing other adjunct treatments or that she needs specialized equipment. Therefore, the medical necessity of this request is not established.

One pair of dumbbells (8 pounds and 5 pounds): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.

One occipital float: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Exercise.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in current evidence based medicine to support that specialized equipment is necessary to perform a daily home exercise program. Therefore, based on the records provided, the medical necessity of this request is not established.