

Case Number:	CM14-0055847		
Date Assigned:	08/08/2014	Date of Injury:	10/22/2012
Decision Date:	10/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 27 years old female with an injury date on 10/22/2012. Based on the 03/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic right hand & wrist pain. 2. Medical epicondylitis. 3. Bicep tendinitis right shoulder. According to this report, the patient completed 5 weeks of FRP out of the 6 weeks authorized. The patient functional goal is increasing tolerance in lifting/carrying from 7 pounds to 20 pounds and increasing crush grip strength from 20 pounds in the right hand and 30 pounds in the left hand to 50 pounds bilaterally. The patient is demonstrating improved physical ability. There were no other significant findings noted on this report. The utilization review denied the request on 04/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/07/2013 to 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] (FRP After-Care) 4 months: 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 Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting [REDACTED] (FRP after care) 4 months. Regarding functional restoration programs, MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. Review of the reports show that the patient completed 5 weeks of the FRP out of the 6 weeks authorized. While MTUS supports functional restoration programs, the patient must have a proper evaluation to determine their candidacy and no more than 20 full-day sessions are recommended in most cases. In this case, the requested [REDACTED] 4 month exceed what MTUS recommends. Recommendation is for denial.

Re-Assessment: 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 Page(s): 8.

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting a re-assessment at the end of the 4 months of [REDACTED]. Regarding re-assessment, MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the request for [REDACTED] was not recommended, the requested re-assessment is not medically necessary. Recommendation is for denial.

Adjustable Cuff Weights: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting DME-adjustable cuff weights. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipments may be recommended, but no necessarily covered. Recommendation is for denial.

Exercise Ball: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting exercise ball. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Thera-Cane: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting Thera-cane. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Pair of Dumbbells: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting dumbbells. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Norco Exercise Tubing Kit: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting Norco exercise tubing kit. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Stretching Strap Stamina 15-0120: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting stretching strap stamina 15-0120. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Instride Cycle XL: Upheld

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

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

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting Instride cycle XL. Regarding exercise equipment,

ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.

Pinky Rib Mobilizer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise, Criteria for Whole body vibration (WBV) exercise, Knee Chapter.

Decision rationale: According to the 03/14/2014 report by [REDACTED] this patient presents with hand and wrist pain. The treater is requesting Pinky rib mobilizer. Regarding exercise equipment, ODG under knee chapter states "Exercise equipment is considered not primarily medical in nature." Under Pain chapter, heading "whole body vibration," ODG states, "Home exercise equipment may be recommended, but may not be considered primarily medical in nature and covered under insurance." Therefore, specific exercise equipment may be recommended, but no necessarily covered. Recommendation is for denial.