

Case Number:	CM14-0057554		
Date Assigned:	07/09/2014	Date of Injury:	12/10/2009
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The patient is a 58-year-old female who was injured on December 10, 2009. She sustained an injury due to the repetitive nature of her work. The mechanism of injury is unknown. On the functional restoration note dated March 17, 2014, the patient was being treated in the HELP outpatient functional restoration program. She reported she was gaining improvement in function but is cautious to return to work without restrictions in her job duty. She was recommended Gabapentin for her burning dysesthesias in her legs associated with her radiculopathy. Her functional goal is to increase tolerance in standing from 10 minutes to 50 minutes and increasing tolerance in lifting and carrying from 12 pounds to 30 pounds. She has been recommended remote care services, as it is felt this would be beneficial to the patient to attain weekly goals to allow her to make functional progress. There are no measurable clinical findings documented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remote care (4-months and re-assessment after remote care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Functional restoration program.

Decision rationale: The patient has completed participation in a functional restoration program. According to the guidelines, at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) is medically warranted for the same condition or injury. At this juncture, the patient should be able to utilize the skills, instruction and any functional gains she obtained through the program, and apply those in an independent, self-directed fashion. The medical records do not establish the requested remote-care program is medically necessary nor is it supported by the evidence-based guidelines.

Exercise equipment to include; safety exercise ball; adjustable cuff and ankle weights; vinyl coated weights; thera-cane; stretch out strap; foal rolls; agility ladder; torso elevation wedge; thera-band exercise mats: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise regimen. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to the Official Disability Guidelines, exercise equipment is not considered primarily medical in nature. According to the referenced guidelines, DMEs (Durable Medical Equipment) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, the requested exercise equipment do not. Generally, the criteria for this definition includes that the device is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It reasonable and appropriate that the patient can continue to make functional gains with a self-directed exercise program, which would not require access to various exercise equipment. An independent home exercise program, that include stretching, range of motion, and strengthening activities can be performed very effectively without the use of extraneous equipment. The medical necessity of this request has not been established.