

Case Number:	CM14-0015993		
Date Assigned:	06/04/2014	Date of Injury:	10/22/2012
Decision Date:	01/07/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 presents with cervical sprain/strain with multiple disc degenerations. Tenderness to palpation and muscle guarding were noted. The current request is for the purchase of a theraball to be used in a home exercise program. The treating physician report dated 1/10/14 states, the theraball is needed to "relieve/relax muscle spasms, minimize swelling, increase/preserve R.O.M., increase circulation and reduce pain" (page 29). MTUS guidelines state that exercise is recommended and that, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." However, the guidelines further denote, that "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG states, under durable medical equipment, that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, one type of exercise is not superior to another and the treating physician failed to justify the request for "Theraball." While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the treating physician does not support the request for a "Theraball" in that he fails to provide any clinically relevant justification regarding the request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. In this reviewer's experience, there are no exercises that can only be performed with a theraball. There is also a request made for a cervical rehabilitation kit in the same request as a theraball. There is nothing to indicate that a theraball would add anything in addition to a cervical rehabilitation kit. Recommendation is that the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraball: 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): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME)

Decision rationale: The patient presents with cervical sprain/strain with multiple disc degenerations. Tenderness to palpation and muscle guarding were noted. The current request is for the purchase of a theraball to be used in a home exercise program. The treating physician report dated 1/10/14 states, the theraball is needed to "relieve/relax muscle spasms, minimize swelling, increase/preserve R.O.M., increase circulation and reduce pain" (page 29). MTUS guidelines state that exercise is recommended and that, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." However, the guidelines further denote, that "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG states, under durable medical equipment, that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, one type of exercise is not superior to another and the treating physician failed to justify the request for "Theraball." While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the treating physician does not support the request for a "Theraball" in that he fails to provide any clinically relevant justification regarding the request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. In this reviewer's experience, there are no exercises that can only be performed with a theraball. There is also a request made for a cervical rehabilitation kit in the same request as a theraball. There is nothing to indicate that a theraball would add anything in addition to a cervical rehabilitation kit. Recommendation is that the request is not medically necessary.