

<b>Case Number:</b>	CM14-0192431		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of April 26, 2012. A utilization review determination dated October 20, 2014 recommends non-certification of HELP remote care x4 months, Thera-cane, agility ladder, Norco safety exercise ball, Bosu ball (55cm), and foam log 36x6. A progress note dated October 9, 2014 identifies subjective complaints of nearing the end of FRP treatment. The patient has four remaining days in the program and is being recommended to an aftercare program. While in the FRP treatment has been able to reduce and eliminate omeprazole and amitriptyline, and he continues to solely take ibuprofen. The patient has gained confidence using his arm, he is moving with greater facility, and is planning to investigate the opportunity to return to work following the completion of the program. There is no documented physical exam. There are no diagnoses listed. The treatment plan recommends a request for authorization for HELP remote care x4 months with an in-office interdisciplinary reassessment at the end of the treatment period to revise the treatment plan, and DME: foam log, boss ball, adjustable cuff weights, Norco safety exercise ball, agility ladder, Thera-cane, 1 pair of dumbbells (10 lbs), and 1 pair of dumbbells 5 lbs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Help Remote Care x 4 Months:** 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) Pain Chapter, Chronic pain programs functional restoration programs

**Decision rationale:** Regarding the request for HELP remote care x 4months, California MTUS does not address the issue. ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to have demonstrated improvement. It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. In the absence of such documentation, the currently requested HELP remote care x 4months is not medically necessary.

**Thera-Cane:** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for Thera-cane, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program. In the absence of such documentation, the currently requested Thera-cane is not medically necessary.

**Agility Ladder:** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for agility ladder, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise

is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. In the absence of such documentation, the currently requested agility ladder is not medically necessary.

**Norco Safety Exercise 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for Norco safety exercise ball, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. In the absence of such documentation, the currently requested Norco safety exercise ball is not medically necessary.

**Bosu Ball (55cm):** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for Bosu Ball (55cm), Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. In the absence of such documentation, the currently requested Bosu Ball (55cm) is not medically necessary.

**Foam Log 36" x 6":** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for foam log 36x6, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program. In the absence of such documentation, the currently requested foam log 36x6 is not medically necessary.