

Case Number:	CM14-0196005		
Date Assigned:	12/04/2014	Date of Injury:	04/07/2012
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 & 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 injured worker is a 51 year old female with an injury date of 04/07/12. As per progress report dated 05/15/14, the patient complains of pain in her left shoulder that radiates to the lower back on the right side. Physical examination reveals that the patient is unable to walk on heels or toes due to significant pain. Cervical range of motion is reduced to 50% in extension. The left shoulder range of motion is also limited along with significant weakness and sensory deficit. The straight leg raise is positive on the right side. The injured worker rates her pain at 8/10, as per progress report dated 05/08/14. She has received 32 sessions of functional restoration program which was initiated on 08/25/14, as per progress report dated 09/20/14 - 10/03/14. Medications, as per the 05/15/14, include Cyclobenzaprine and Gabapentin. The injured worker also wears a back brace to manage her symptoms, as per the same report. She has also received physical therapy, TENS unit, exercise program, trigger point injections, and acupuncture in the past to lower her symptoms, as per progress report dated 05/08/14. Diagnoses, 05/15/14: 1) Left shoulder pain, 2) Predominantly right-sides low back pain, 3) Positive straight leg raise test on the right, 4) Decreased range of motion in the left shoulder with abnormal sensory findings in the nondermatomal distribution involving C5, C6 and C7, 5) Weakness of the left upper extremity and right lower extremity relative to opposite limbs, 6) Myofascial pain, 7) Sleep disorder, 8) Mild to moderate depression NOS following industrial injury. The treater is requesting for (a) 1 Pair of Adjustable Cuff Weights (Up To 5 Lbs) (B) Stretch Out Strap (C) Theracane (D) Gym Ball 65 cm. The utilization review determination being challenged is dated 10/30/14. All the 4 home exercise products were not authorized because ".Home exercise equipment is not recommended unless there is a specific need for additional equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of adjustable cuff weights (up to 5lbs): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2013, Shoulder Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter, Gym membership Knee & Leg chapter, DME

Decision rationale: The injured worker complains of pain in her left shoulder that radiates to the lower back on the right side, as per progress report dated 05/15/14. The request is for 1 Pair of Adjustable Cuff Weights (Up To 5 Lbs). ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Gym membership', state that "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." However, regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a injured worker's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the injured worker underwent extensive functional restoration program for 32 days, as per FRP report dated 10/06/14- 10/08/14. The report states that "The recommended durable medical equipment is prescribed for a medical purpose to cure and relieve the effects of the industrial injury and this equipment would not be considered useful to this patient in the absence of this illness or injury." Additionally, the report states that the injured worker has been trained to use the equipment and has demonstrated proficiency in performing home exercises with them. Although the injured worker still has some irritation in her neck and shoulder, the functional restoration program has helped improve her function significantly. It is reasonable to assume that the requested equipment will help her transition effectively into a home exercise regimen. The request is medically necessary.

Stretch out strap: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2013, Shoulder Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter, Gym membership Knee & Leg chapter, DME

Decision rationale: The injured worker complains of pain in her left shoulder that radiates to the lower back on the right side, as per progress report dated 05/15/14. The request is for Stretch out Strap. ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Gym membership', state that "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for injured worker's who need more supervision." However, regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a injured worker's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the injured worker underwent extensive functional restoration program for 32 days, as per FRP report dated 10/06/14- 10/08/14. The report states that "The recommended durable medical equipment is prescribed for a medical purpose to cure and relieve the effects of the industrial injury and this equipment would not be considered useful to this injured worker in the absence of this illness or injury." Additionally, the report states that the injured worker has been trained to use the equipment and has demonstrated proficiency in performing home exercises with them. Although the injured worker still has some irritation in her neck and shoulder, the functional restoration program has helped improve her function significantly. It is reasonable to assume that the requested equipment will help her transition effectively into a home exercise regimen. The request is medically necessary.

Theracane: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2013, Shoulder Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter, Gym membership Knee & Leg chapter, DME

Decision rationale: The injured worker complains of pain in her left shoulder that radiates to the lower back on the right side, as per progress report dated 05/15/14. The request is for Theracane. ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Gym membership', state that "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more

supervision." However, regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the injured worker underwent extensive functional restoration program for 32 days, as per FRP report dated 10/06/14- 10/08/14. The report states that "The recommended durable medical equipment is prescribed for a medical purpose to cure and relieve the effects of the industrial injury and this equipment would not be considered useful to this injured worker in the absence of this illness or injury." Additionally, the report states that the injured worker has been trained to use the equipment and has demonstrated proficiency in performing home exercises with them. Although the injured worker still has some irritation in her neck and shoulder, the functional restoration program has helped improve her function significantly. It is reasonable to assume that the requested equipment will help her transition effectively into a home exercise regimen. The request is medically necessary.

Gym ball 65cm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2013, Shoulder Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter, Gym membership Knee & Leg chapter, DME

Decision rationale: The injured worker complains of pain in her left shoulder that radiates to the lower back on the right side, as per progress report dated 05/15/14. The request is for Gym ball 65 cm. ODG Guidelines, chapter 'Shoulder (acute & chronic)' and topic 'Gym membership', state that "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." However, regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the injured worker underwent extensive functional restoration program for 32 days, as per FRP report dated 10/06/14- 10/08/14. The report states that "The recommended durable medical equipment is prescribed for a medical purpose to cure and relieve the effects of the industrial injury and this equipment would not be considered useful to this injured worker in the absence of this illness or injury." Additionally, the report states that the injured worker has been trained to use the

equipment and has demonstrated proficiency in performing home exercises with them. Although the injured worker still has some irritation in her neck and shoulder, the functional restoration program has helped improve her function significantly. It is reasonable to assume that the requested equipment will help her transition effectively into a home exercise regimen. The request is medically necessary.