

Case Number:	CM15-0149370		
Date Assigned:	08/12/2015	Date of Injury:	07/13/2013
Decision Date:	09/21/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old man sustained an industrial injury on 7-13-2013 when his truck rolled over. Treatment has included oral medications and functional rehabilitation program. Physician notes from the functional rehabilitation program integrative summary report dated 6-8-2015 to 6-10-2015 show a discharge from the functional rehabilitation program and recommendations for follow up and future care. Recommendations include in-office interdisciplinary re-assessment in three months, return to the care of the primary care physician, return to work trail, vocational retraining, continue current medication regimen, medical equipment including stretch out strap, adjustable cuff weights, foam roller, one pair of dumbbells each in five, ten, and fifteen pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stretching strap: Overturned

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) Shoulder (acute & chronic) Chapter under Gym membership Knee & Leg Chapter under DME.

Decision rationale: The patient presents with pain in the neck, right shoulder, back and right leg. The request is for stretching strap. Physical examination to the lumbar spine on 01/23/15 revealed a good range of motion with some pain with extension. Patient has completed [REDACTED] Outpatient Interdisciplinary Functional Restoration Program. Per 01/23/15 progress report, patient's diagnosis include lumbar strain and shoulder strain. Patient is permanent and stationary. 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 patient underwent extensive functional restoration program for 32 days, as per FRP report dated 06/08/14- 06/10/15. The report states, "[patient] was exposed to stretching program which focused not only on his neck and shoulders, but his core, back, and lower extremities as well. This helps promote increased flexibility, decreased muscle tension, and improve biomechanics during his exercise routine and functional activities." It appears that the FRP has helped the patient to improve his function significantly and it is reasonable to assume that the requested equipment will help him transition effectively into a home exercise regimen. The request IS medically necessary.

Adjustable cuff weights, 1 pair (10 lb ankle weights): Overturned

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) Shoulder (acute & chronic) under Gym membership Knee and Leg Chapter under DME.

Decision rationale: The patient presents with pain in the neck, right shoulder, back and right leg. The request is for adjustable cuff weights, 1 pair (10 lb ankle weights). Physical examination to the lumbar spine on 01/23/15 revealed a good range of motion with some pain with extension. Patient has completed [REDACTED] Outpatient Interdisciplinary Functional Restoration Program. Per 01/23/15 progress report, patient's diagnosis include lumbar strain and shoulder strain. Patient is permanent and stationary. 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 patient

underwent extensive functional restoration program for 32 days, as per FRP report dated 06/08/14 - 06/10/15. The report states, "Adjustable cuff weights allow the user to modify the level of resistance placed on the lower extremity during various exercises that may involve tonic, smaller phasic, and larger phasic muscle complexes. [Patient] demonstrated independent use of the ankle weights during his lower strengthening routine and balance activities." It appears that the FRP has helped the patient to improve his function significantly and it is reasonable to assume that the requested equipment will help him transition effectively into a home exercise regimen. The request IS medically necessary.

Foam roller: Overturned

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) Shoulder (acute & chronic) under Gym membership Knee and Leg Chapter under DME.

Decision rationale: The patient presents with pain in the neck, right shoulder, back and right leg. The request is for foam roller. Physical examination to the lumbar spine on 01/23/15 revealed a good range of motion with some pain with extension. Patient has completed ██████████ Outpatient Interdisciplinary Functional Restoration Program. Per 01/23/15 progress report, patient's diagnosis include lumbar strain and shoulder strain. Patient is permanent and stationary. 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 patient underwent extensive functional restoration program for 32 days, as per FRP report dated 06/08/14- 06/10/15. The report states, "[patient] was instructed in the use of a foam roller for postural alignment, biofeedback training, and self-myofascial release techniques. He demonstrates independence with its incorporation as a pain management tool during his workout routine and for his activities of daily living." It appears that the FRP has helped the patient to improve his function significantly and it is reasonable to assume that the requested equipment will help him transition effectively into a home exercise regimen. The request IS medically necessary.

Dumbbells, 3 pairs (5 lb, 10 lb and 15 lb): Overturned

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) Shoulder (acute & chronic) under Gym membership Knee and Leg Chapter under DME.

Decision rationale: The patient presents with pain in the neck, right shoulder, back and right leg. The request is for dumbbells, 3 pairs (5 lb, 10 lb AND 15 lb). Physical examination to the lumbar spine on 01/23/15 revealed a good range of motion with some pain with extension. Patient has completed [REDACTED] Outpatient Interdisciplinary Functional Restoration Program. Per 01/23/15 progress report, patient's diagnosis include lumbar strain and shoulder strain. Patient is permanent and stationary. 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 patient underwent extensive functional restoration program for 32 days, as per FRP report dated 06/08/14- 06/10/15. The report states, "[patient] demonstrated effective use of 5, 10, and 15 lbs. weighted dumbbells during his fitness routine. The purpose of the dumbbells is to allow for endurance and strength building of the upper extremity and core muscles during resistive exercise training." It appears that the FRP has helped the patient to improve his function significantly and it is reasonable to assume that the requested equipment will help him transition effectively into a home exercise regimen. The request IS medically necessary.