

Case Number:	CM15-0165471		
Date Assigned:	09/10/2015	Date of Injury:	07/11/2013
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 50 year old male, who sustained an industrial injury on July 11, 2013. The injury occurred when the injured worker was hit by a backhoe and fell backwards hitting his shoulder and head. The diagnoses have included right shoulder degenerative arthritis, complex regional pain syndrome of the right upper extremity, bilateral carpal tunnel syndrome, bilateral occipital headaches, bilateral tinnitus, depressive disorder and post-traumatic stress disorder. The injured worker was not working. Functional restoration program records dated 7-13-2015, 7-17-2015 and 7-20-2015 notes that the injured worker had completed the program. The treating physician notes that the injured worker would require ongoing psychotherapy for post-traumatic stress disorder. The treating physician also recommended pain management for the injured workers complex regional pain syndrome of the right upper extremity. Regarding the injured workers functional progress the treating physician recommended durable medical equipment for the injured workers home exercise program. Treatment and evaluation to date has included radiological studies, electrodiagnostic studies, functional restoration program, individual psychotherapy, home exercise program, physical therapy and a right shoulder arthroplasty. A current medication listing was not found in the medical records. The treating physician's request for authorization dated August 6, 2015 included requests for a comfortprene short wrist wrap, Thera-band massage roller, gym ball, adjustable cuff weights (5 pounds), dumbbells (4 pounds and 8 pounds), Bosu balance trainer, occipital float, foam roller and a three phase desensitization kit. The original Utilization Review dated August 14, 2015 non-certified the requested items.

Utilization Review states that the items requested "are not considered to be critical or medically necessary for the attainment and maintenance of functional recovery."

IMR ISSUES, DECISIONS AND RATIONALES

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

Comfortprene short wrist wrap: 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 ODG, Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of durable medical equipment. The ODG Guidelines for exercise equipment refers to durable medical equipment. The guidelines state that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in a patient's home. This patient does not meet established criteria for a wrist wrap. Specifically the patient has had documented normal x-rays of the arm. Also neurophysiologic testing at the left wrist is reportedly normal without evidence of carpal tunnel syndrome. There is no clear evidence in the medical record that this patient would benefit from a wrist wrap. Therefore, based on the submitted medical documentation, the request for a Comfortprene wrist wrap is not-medically necessary.

Thera-band massage roller: 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for Theraband massage roller is not-medically necessary.

Gym Ball: 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for a gym ball is not medically necessary.

Adjustable cuff weights (5 lbs): 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for 5lb adjustable cuff weights is not medically necessary.

Dumbbells (4 lbs & 8 lbs): 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for 4 & 8 lb dumbbells is not medically necessary.

Bosu balance trainer: 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM

Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for bosu balance trainer is not medically necessary.

Occipital float: 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) Knee, Durable Medical Equipment (DME) and Exercise Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. An occipital Float (made by the company OPTP) is a portable device designed to provide range of motion exercises for the cervical spine. According to the manufacture website, Occipital Float is "Ideal for post-cervical whiplash, myofascial, and osseous cervical problems". The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of durable medical equipment. The ODG Guidelines for exercise equipment refers to durable medical equipment. The guidelines state that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in a patient's home. ODG also does not differentiate one type of exercise over another. In this case, there is no discussion as to why this equipment is necessary. Hence, the requested occipital float does not meet ODG's criteria for DME. Therefore, based on the submitted medical documentation, the request for an occipital float is not medically necessary.

Foam roller: 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) Low Back, Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines Occupational Medicine Practice Guidelines do not address the topic of exercise equipment. The Official Disability 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 medical 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 requested equipment is not indicated. Therefore, based on the submitted medical documentation, the request for foam roller is not medically necessary.

Three phase desensitization kit: 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 North Coast Medical, Three Phase Desensitization Kit https://www.ncmedical.com/item_1163.html.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. A three-phase desensitization kit is reported by the manufacturer to "help desensitize hypersensitive scars, amputations, burns and neuromas." The kit includes: 10 dowel textures in packs of three, a hard wood block, pack of chart forms, 10 buckets of graded sensory particles, Mini Vibrator, Hitachi Vibrator, instructions and batteries. This patient is documented to have complex regional pain syndrome secondary to injuries sustained during an industrial accident. A review of the available medical literature does not support the clinical efficacy of the requested kit for this indication. Likewise, this device is not FDA approved for the use requested. Therefore, based on the submitted medical documentation, the request for a three phase desensitization kit is not-medically necessary.