

Case Number:	CM15-0190300		
Date Assigned:	10/08/2015	Date of Injury:	10/02/2012
Decision Date:	12/11/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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, Pain Management

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 54 year old woman sustained an industrial injury on 10-2-2012. Treatment has included oral medications. Physician notes from a functional restoration program integrative summary transition report dated 7-22-2015 show completion of 32 days of treatment and a plan for transition. The worker has been very successful in the program and is to return to work for a trial and will likely continue to work with chronic pain. She has demonstrated independence to safely perform a home exercise program. Recommendations for equipment to enable this include stretch-out straps, 65 cm and 45 cm gym balls, occipital float, BOSU pro pack, one pair of adjustable cuff weights (5 pounds), 2 pound and 4 pound dumbbells, thera-cane, thera-band portable massage roller, physician follow up visits, access to durable medical equipment, and optimized medications. Utilization Review denied requests for durable medical equipment including stretch out straps, 45 cm gym ball, BOSU pro pack, 5 pound adjustable weight cuffs, 2 pound dumbbells, 4 pound dumbbells, portable massage roller, thera-cane, occipital float, and 65 cm gym ball on 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stretch-out strap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

45 cm gym ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: A gym ball is a form of home exercise equipment. Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

BOSU (25 inch Pro Pac): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: BOSU is a type of exercise equipment. Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

1 Pair 5lb adjustable weight cuffs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

1 Pair 2lb dumbbells: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: Dumbbells are a form of exercise equipment. Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

1 Pair 4lb dumbbells: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

Portable massage roller (19''): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: A portable massage roller is a piece of equipment that can be either used to massage muscles or part of a home exercise kit. Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

Thera-cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

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

Decision rationale: The Theracane is a trademarked piece of equipment that allows one to massage muscles in the paraspinal region. It is shaped in such a way as to allow massage in areas that are difficult to massage. Regarding this request, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury and in fact is utilized by those without injury for stretching and massage. Given this, the current request is not medically necessary.

Occipital float: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, DME.

Decision rationale: Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.

65 cm gym ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Exercise equipment, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, DME.

Decision rationale: Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid de-conditioning. The CPMTG does not have specific provision for exercise kits. 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, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.