MAXIMUS Federal Services

Case Number:	CM15-0194710		
Date Assigned:	10/13/2015	Date of Injury:	11/21/2013
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 65 year old male, who sustained an industrial injury on November 21, 2013. He reported injury to his finger resulting in amputation. The injured worker was diagnosed as having posttraumatic stress disorder and crushing injury of finger. Treatment to date has included surgery, medications, physical therapy, hand therapy and functional restoration program. On August 24, 2015, the injured worker was noted to have been authorized 32 days of functional restoration program of which 32 days have been completed. Notes stated that he did extraordinarily well in desensitization and trying to manage his symptom complex. He was given an additional 30 days of temporary disability to allow him to progress further at home before starting a new job. The treatment plan included a return to care of treating physician, vocational retraining, continuation of current medications, in-office interdisciplinary reassessment in three months to revise treatment plan, gym ball (65 cm), one pair of dumbbells (10 lbs), one pair of dumbbells (15 lbs), one pair of adjustable cuff weights (10 lbs), foam roller (round 6x36 inches), thera-cane, stretch out strap and agility ladder. On September 4, 2015, utilization review denied a request for gym ball (65 cm), one pair of dumbbells (10lbs), one pair of dumbbells (15 lbs), one pair of adjustable cuff weights (10 lbs), foam roller (round 6x36 inch), thera-cane, stretch out strap and agility ladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym ball (65 cm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as this item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested gym ball has not been established. The requested item is not medically necessary.

1 Pair of dumbbells (10 lbs.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as these items are intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested pair of dumbbells (10lbs) is not established. The requested items are not medically necessary.

1 Pair of dumbbells (15 lbs.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as these items are intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested pair of dumbbells (15lbs.) has not been established. The requested items are not medically necessary.

1 Pair of adjustable cuff weights (10 lbs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as these items are intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the

requested pair of adjustable cuff weights (10lbs) is not established. The requested items are not medically necessary.

Foam roller (round 6x36 in): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. According to the ODG, foam rollers are recommended for range of motion, but not recommended for increased athletic performance. Foam rollers are promoted as a type of self-administered massage therapy, self-myofascial release for the treatment of skeletal muscle immobility and pain, purportedly soothing muscle soreness, increasing range of motion, and improving athletic performance. A systematic review challenges assertions about the increased performance benefits of self-myofascial release, but it does support self-myofascial release as way of improving range of motion. In self-myofascial release, people massage their own soft tissue, and this technique might produce some of the same benefits shown in myofascial release that is administered by physical therapists. Fasciae tighten as a protective mechanism in response to trauma, and collagen becomes more dense and fibrous, and elastin becomes less resilient, reducing muscle functioning and causing pain. Myofascial release, whether self-administered or administered by someone trained in the technique, might reverse this process. Myofascial release may change a muscle's viscoelastic properties, increasing mitochondria biogenesis and blood flow. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as this item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested foam roller (round 6x36 in) has not been established. The requested item is not medically necessary.

Thera-cane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as this item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested Thera-cane has not been established. The requested item is not medically necessary.

Stretch out strap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as this item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested stretch out strap has not been established. The requested item is not medically necessary.

Agility ladder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the documentation is unclear how the requested DME will restore or facilitate participation in the individual's usual instrumental activities of daily living (IADLs) and activities of daily living (ADLs). It appears the DME is not medically necessary as this item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the ADLs or IADLs. Medical necessity for the requested agility ladder has not been established. The requested item is not medically necessary.