

Case Number:	CM15-0202535		
Date Assigned:	10/21/2015	Date of Injury:	02/12/2013
Decision Date:	12/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency Medicine

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 injured worker is a 36 year old female, who sustained an industrial injury on 02-12-2013. The injured worker was diagnosed as having carpal tunnel syndrome. On medical records dated 06-22-2015, the subjective complaints were noted as having chronic pain. Objective findings were not noted on 06-22-2015. Treatments to date included Function Restoration Program and medication. Current medications were listed as Paxil and Naproxen. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for was Norco safety exercise ball (55cm) purchase, 2 pair of dumbbells (10 lbs.) and 15 (lbs.) purchase, BOSU ball (25in pro black) purchase, foam half roll (3x36 in) purchase, foam roller (round 6 x 36 in) purchase, agility ladder purchase, Thera-Cane purchase and interdisciplinary reassessment 1 visit for 4 hours non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Safety Exercise Ball (55cm) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

2 Pair of Dumbbells (10lbs) and (15lbs) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

BOSU Ball (25 in, Pro Black) Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

1 pair of Adjustable Cuff Weights (10lbs) Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

Foam Half Roll (3 x 36 in) Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

Foam Roller (Round, 6 x 36 in) Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

Agility Ladder Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

Thera-Cane Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS/Aerobic exercise.

Decision rationale: The request is for exercise equipment. The official disability guidelines state the following: Recommended. Aerobic exercise is recommended to maintain general conditioning, based on positive, but limited evidence. This can be accomplished through a home exercise program. (Nathan, 2001) (Verhagen-Cochrane, 2004) In this case, the request is not guideline-supported. This can be accomplished through a home exercise program without the need for specific equipment. As such, the request is not medically necessary.

Interdisciplinary Reassessment 1 visit for 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The request is for participation in a functional restoration program. The qualifying criteria per the guidelines are as follows: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo

secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the patient does not qualify for this therapy. This is secondary to the patient already completing a functional restoration program. Further treatment is not medically necessary.