

Case Number:	CM15-0041206		
Date Assigned:	03/11/2015	Date of Injury:	08/28/2013
Decision Date:	04/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 08/28/2013 after a fall. On provider visit dated as 02/09/2015 - 02/15/2015 Functional Restoration Program note the injured worker has reported back pain. The diagnoses have included contusion of elbow and contusion of knee. Treatment to date has included medication, behavioral medicine consultation and testing, physical therapy, MRI, and X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco safety exercise ball (55 cm): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter online for DME Knee Chapter online for Exercise equipment.

Decision rationale: The 3/03/15 Utilization Review letter states the Norco Safety Exercise Ball (55-cm) requested on the 2/12/15 medical report was denied because ODG guidelines state exercise equipment is considered not primarily medical in nature and DME is primarily and customarily used to serve a medical purpose. According to the FRP summary dated 2/9/15-2/12/15, the patient started the program on 11/24/14 and had 32 days of the FRP, and will return to care of the PTP. The letter recommends DME for the injury and states the equipment would not be considered useful to the patient in the absence of illness or injury. The patient has been trained on a home exercise program with the prescribed equipment. The Norco Safety Exercise Ball (55-cm) is intended for posture and core exercise training and stretching of the spine. The 8/8/14 FRP report states the patient worked as a laborer and on 8/28/13, slipped and fell impacting her right knee, elbow and hip, causing onset of low back pain. She was fearful of interventional treatment and was referred for the FRP. The diagnoses includes: sacrococcygeal arthritis; contusion of knee; contusion of elbow, resolved; residual myofascial restriction right shoulder and arm. MTUS does not discuss gym balls or exercise equipment. ODG guidelines were consulted. ODG-TWC guidelines, Knee Chapter online for DME states: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." 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) ODG-TWC guidelines, Knee Chapter online for Exercise equipment states: See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005) The request for the gym ball for exercise training is not in accordance ODG guidelines. The Norco Safety Exercise Ball (55-cm) IS NOT medically necessary.

Thera-cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter online for DME.

Decision rationale: The 3/03/15 Utilization Review letter states the Thera-cane requested on the 2/12/15 medical report was denied because ODG guidelines state exercise equipment is considered not primarily medical in nature and DME is primarily and customarily used to serve a medical purpose. According to the FRP summary dated 2/9/15-2/12/15, the patient started the program on 11/24/14 and had 32 days of the FRP, and will return to care of the PTP. The letter recommends DME for the injury and states the equipment would not be considered useful to the patient in the absence of illness or injury. The patient has been trained on a home exercise program with the prescribed equipment. The Thera-cane was useful for reducing muscle tension, muscle spasm and trigger points. The patient found the tool helpful for flare-ups, particularly for reducing pain after workouts. The 8/8/14 FRP report states the patient worked as a laborer and on 8/28/13, slipped and fell impacting her right knee, elbow and hip, causing onset of low back pain. She was fearful of interventional treatment and was referred for the FRP. The diagnoses includes: sacrococcygeal arthritis; contusion of knee; contusion of elbow, resolved; residual

myofascial restriction right shoulder and arm. MTUS does not discuss the Thera-cane. ODG guidelines were consulted. ODG-TWC guidelines, Knee Chapter online for DME states: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." 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) The report states the patient uses the Thera-cane for self-management treatment of muscle spasms and trigger points, rather than an exercise device. The Thera-cane does not seem to have any other purpose than to treat the medical condition. It appears to meet the ODG definition of DME. The request for Thera-cane IS medically necessary.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter online for DME Knee Chapter online for Exercise equipment.

Decision rationale: The 3/03/15 Utilization Review letter states the Stretch out strap requested on the 2/12/15 medical report was denied because ODG guidelines state exercise equipment is considered not primarily medical in nature and DME is primarily and customarily used to serve a medical purpose. According to the FRP summary dated 2/9/15-2/12/15, the patient started the program on 11/24/14 and had 32 days of the FRP, and will return to care of the PTP. The letter recommends DME for the injury and states the equipment would not be considered useful to the patient in the absence of illness or injury. The patient has been trained on a home exercise program with the prescribed equipment. The stretch out strap was for a stretching program focused on her neck and shoulders, but her core, back and lower extremities as well. It helps promote increased flexibility, decreased muscle tension and improved biomechanics during her exercise routine. The 8/8/14 FRP report states the patient worked as a laborer and on 8/28/13, slipped and fell impacting her right knee, elbow and hip, causing onset of low back pain. She was fearful of interventional treatment and was referred for the FRP. The diagnoses includes: sacroccygeal arthritis; contusion of knee; contusion of elbow, resolved; residual myofascial restriction right shoulder and arm. MTUS does not discuss a stretch out strap or exercise equipment. ODG guidelines were consulted. ODG-TWC guidelines, Knee Chapter online for DME states: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below."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) ODG-TWC guidelines, Knee Chapter online for Exercise equipment states: See Durable medical equipment (DME). Exercise equipment is considered not primarily medical in nature. (CMS, 2005) The request for the stretch out strap for the patient's

exercise program is not in accordance ODG guidelines. The Stretch out strap IS NOT medically necessary

One (1) weekly call: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The 3/03/15 Utilization Review letter states the one (1) weekly call requested on the 2/12/15 medical report was denied because there was no clear need for a weekly call, and if the patient ever becomes symptomatic an office visit with her PCP will better assess her need for treatment. According to the FRP summary dated 2/9/15-2/12/15, the patient started the program on 11/24/14 and had 32 days of the FRP, and will return to care of the PTP. The letter recommends DME for the injury and states the equipment would not be considered useful to the patient in the absence of illness or injury. The patient has been trained on a home exercise program with the prescribed equipment. The patient completed the FRP, and the plan was to have a reassessment in 3-months (which was authorized), but there was also a request for "one (1) weekly call." The weekly call or rationale for the weekly call was not discussed on the FRP summary. The 8/8/14 FRP report states the patient worked as a laborer and on 8/28/13, slipped and fell impacting her right knee, elbow and hip, causing onset of low back pain. She was fearful of interventional treatment and was referred for the FRP. The diagnoses includes: sacrococcygeal arthritis; contusion of knee; contusion of elbow, resolved; residual myofascial restriction right shoulder and arm. MTUS/ACOEM Topics, chapter 12, Low Back, page 303, for Follow-up Visits states: Patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. MTUS/ACOEM guidelines state follow-up visits can be performed by telephone if the patient has returned to work. The provided records show the patient completed 32 days of the FRP and has not return to her usual work. The request is not in accordance with MTUS/ACOEM guidelines. The request for one (1) weekly call IS NOT medically necessary.