

Case Number:	CM15-0067202		
Date Assigned:	04/20/2015	Date of Injury:	01/15/2009
Decision Date:	08/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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:

The injured worker is a 25 year old female, who sustained an industrial injury on January 16, 2009. She reported low back pain and bilateral hip pain after feeling a pop in her back when reaching for a single serve yogurt is a dairy/diner where she was employed. The injured worker was diagnosed as having low back pain, bilateral sacroiliac joint pain, discogenic low back pain and myofascial low back pain. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain and bilateral hip pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 8, 2015, revealed continued pain however noted to be improved in the low back. Physical therapy and associated equipment were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary re-assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Referrals.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The goal of such an evaluation is functional recovery and return to work. A program of functional restoration, including aerobic conditioning as well as strength and flexibility assessment may be considered when there is delay in return to work or a prolonged period of inactivity. Documentation shows that the injured worker is participating in a Functional Restoration Program with good progress. In the absence of treatment failure and significant loss of function, the medical necessity for an Interdisciplinary re-assessment has not been established. The request for an Interdisciplinary re-assessment is not medically necessary by guidelines.

Exercise ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Exercise ball is not medically necessary by guidelines.

Dumbbells: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

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Adjustable cuff weights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Adjustable cuff weights is not medically necessary by guidelines.

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 Duration Guidelines,

Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Thera-cane is not medically necessary by guidelines.

Foam roller: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Foam roller is not medically necessary by guidelines.

Stretching wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Stretching wrap is not medically necessary by guidelines.

Agility ladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition. California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_s.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Low Back Chapter, Exercise, ODG, Knee, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Documentation fails to demonstrate that the use of the exercise equipment under review, to be used in an unsupervised exercise program, serves a medical need. The request for Agility ladder is not medically necessary by guidelines.