

Case Number:	CM15-0087202		
Date Assigned:	05/13/2015	Date of Injury:	05/09/2011
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, 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:

This 27 year old female sustained an industrial injury on 5/9/11. She subsequently reported left arm pain. Diagnoses include wrist sprain and strain and neck sprain. The injured worker continues to experience neck and left arm pain. The injured worker continues treatment in a functional restoration program and has returned to work. A request for interdisciplinary reassessment x1 visit, 4 hours and 1 pair of dumbbells (15lbs), 1 pair of ankle weights (10lbs), exercise ball (65cm), foam roller (round 6x36 in), Thera-cane, agility ladder, stretching strap was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary reassessment x1 visit, 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional Restorative Guidelines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, interdisciplinary reassessment times one, four hours is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic US restriction pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are neck sprain; shoulder and wrist; and muscle spasm. According to a functional restoration program integrative summary report dated April 7, 2015, the injured worker completed 32 days of a functional restoration program. The mechanism of injury states the injured worker jumped out of the way of an oncoming bus landing on her left arm. Functional restoration programs should not exceed four weeks (24 days or 160 hours) or the equivalent in part time-based sessions. There is no documentation of part-time sessions. There is no documentation indicating why 32 days were expended on a functional restoration program when the limit is up to 24 days. The treating provider's rationale for the additional interdisciplinary reassessment was to advise a treatment plan and address the injured worker's progress and treatment goals. This reassessment should have been performed during the initial functional restoration program timeframe. There are no compelling clinical facts in the medical record indicating additional hours/days in a functional restoration are warranted. If needed, a routine follow-up examination with the treating provider can establish and address the treatment plan, the injured worker's progress and treatment goals. An interdisciplinary reassessment times one for four hours is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, interdisciplinary reassessment times one, four hours is not medically necessary.

1 pair of dumbbells (15lbs), 1 pair of ankle weights (10lbs), exercise ball (65cm), foam roller (round 6x36 in), Thera-cane, agility ladder, stretching strap: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, one pair of dumbbells 15 pounds, one pair of ankle weights 10 pounds, exercise ball 65 cm, foam roller round 6 x 36", Thera-cane, agility ladder, and stretching strap are not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are neck sprain; shoulder and wrist; and muscle spasm. According to a functional restoration program integrative summary report dated April 7, 2015, the injured worker completed 32 days of a functional restoration program. The mechanism of injury states the injured worker jumped out of the way of an oncoming bus landing on her left arm. The documentation does not explain why dumbbells, ankle weights, an exercise ball, a foam roller, a Thera-cane, agility ladder and stretching strap are required for an upper extremity injury and neck sprain. There is no clinical rationale for the aforementioned DME. Consequently, absent clinical documentation with a clinical indication and rationale for the requested DME for the upper extremity injury, one pair of dumbbells 15 pounds, one pair of ankle weights 10 pounds, exercise ball 65 cm, foam roller round 6 x 36", Thera-cane, agility ladder, and stretching strap are not medically necessary.