

Case Number:	CM14-0125185		
Date Assigned:	08/11/2014	Date of Injury:	09/03/2012
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 09/03/12. A HELP Remote program 4 months, reassessment for 1 visit 4 hours, and DME (exercise equipment) are under review. On 01/22/14, she saw [REDACTED]. She has a history of rheumatoid arthritis, elbow, knee, hip, and hand pain. She had been taking Plaquenil since 2009. She also had 2 prior injuries including a low back injury. She had been off work since April 9, 2013. She complained of headaches and cervical pain radiating down her right arm in a C7 distribution and low back pain down her leg in an S1 dermatomal distribution. Diagnoses include lumbar spine sprain, piriformis irritation, cervical sprain, thoracic sprain and right shoulder sprain. Home exercise program, subacromial steroid injection, trigger point injections, and a functional restoration program along with Cymbalta were recommended. A psychological evaluation was done on 10/22/13 which demonstrated seriously disturbed mood and a high level of somatic complaints. She was having difficulties coping with her problems. On 02/18/14, she saw [REDACTED] and was referred to [REDACTED] for a right SI joint injection. She was also being referred to HELP. She saw [REDACTED] on 03/18/14. She had low back pain radiating to the big toe on her back pain was much worse on her leg pain. There was loss of extension and marked SI joint tenderness. There were no neurologic deficits and the EMG was normal. An SI joint injection was recommended due to SI joint dysfunction problem. She underwent the injection on 03/19/14. On 03/25/14, she saw [REDACTED] and she had an evaluation for the HELP program, a multidisciplinary pain program. She wanted to try returning to regular work first. On 04/08/14, she was seen again and wanted to participate in the program. She was released to regular work but was not working. On 04/20/14, she saw [REDACTED] and had attended the HELP program for 2 weeks but she was on break to complete some schoolwork. She was to resume the program in June for 4 weeks. She felt it was helping her to learn some exercises and some things to help with her pain. She had not been able to return to work. She

had tenderness in the right buttock and SI area. She attended the program from 04/20/14 through 07/11/14 for 149 of 160 hours and improved her lifting and walking ability mildly. She was compliant. She was prescribed specialized equipment for exercise at home which included a stretch out strap, gym ball, foam roll, balance pad, aerobic step, one pair of dumbbells 3 pounds and a pair at 5 pounds, occipital float, with cushion, over-the-door arm and shoulder exercises. She was taught how to use this equipment. The HELP remote care program was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help Remote times 4 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Chronic pain programs

Decision rationale: The history and documentation do not objectively support the request for the HELP Remote program for 4 months. The continuation of the HELP Remote program appears to be a repeat of the program that was completed. The claimant made modest gains and it is not clear what additional gains are expected. She has been cleared to return to her regular job, and even though no job is available, there is no evidence that she continues to have significant impairments such that she is unable to return to work. The specific goals of the continued program are not clear, including how they will be monitored. The medical necessity of this request has not been demonstrated.

Reassessment 1 Visit times 4 Hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain - Chronic pain program

Decision rationale: The history and documentation do not objectively support the request for a reassessment for 1 visit x 4 hours. The medical necessity of the HELP Remote program has not been demonstrated and therefore, a reassessment is also not medically necessary. The claimant has completed the HELP program and additional assessment does not appear to be needed.

Stretch Out Strap, Gum Ball, Foam Roll, Airex Balance Pad, Aerobic Step, 1 Pair Dumbbells: 3lbs, 1 Pair Db 5lbs, Occipital Float, Wedge Cushion, OTD Shldr & Arm Exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): PAIN - EXERCISE

Decision rationale: The history and documentation do not objectively support the request for Stretch Out Strap, Gum Ball, Foam Roll, Airex Balance Pad, Aerobic Step, 1 Pair Dumbbells: 3lbs, 1 Pair Db 5lbs, Occipital Float, Wedge Cushion, OTD Shldr & Arm Exercise. The MTUS do not address exercise equipment of this type. The ODG state exercise is "recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. It is not clear why specialized equipment is needed on an ongoing basis. Despite an intensive program that included exercise, the claimant appears to have made modest gains. She also was cleared to return to her regular job, even though it was not available. It is not clear what additional significant benefit can be anticipated from the use of specialized exercise equipment and the medical necessity of this request has not been demonstrated.