MAXIMUS Federal Services

Case Number:	CM14-0129222		
Date Assigned:	08/18/2014	Date of Injury:	09/07/2010
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/7/10. A utilization review determination dated 7/25/14 recommends non-certification of HELP remote care, Norco safety exercise ball, dumbbells, exercise pulley, and Theracane. 7/7/14-7/11/14 medical report identifies that the patient has completed 6 weeks of treatment in the FRP and recommends 4 months of remote care as well as multiple pieces of DME equipment. The patient felts that FRP treatment was of considerable benefit. He will continue to pursue an independent exercise program. He exhibits the need for occasional cueing to initiate and institute effective strategies to manage his chronic pain to safely participate in a home exercise program, thus the recommendation for remote care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help X 4 Months Remote Care with reassessment 1 Visits, 4 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation / 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 Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: Regarding the request for remote care, California MTUS does not address the issue. The ODG notes that suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. Within the documentation available for review, the patient is noted to be significantly improved after the FRP. It appears that the patient is well versed in independent home care and there is no clear documentation identifying why the patient's home care program would not be sufficient to maintain the gains provided and continue with functional improvement. There is a statement that the patient requires occasional cueing to initiate and institute effective strategies to manage his chronic pain, but this does not clearly and specifically identify the medical necessity of remote care after completion of 6 weeks of FRP care, which should include a significant amount of training with regard to independent home exercise. Furthermore, it does not clearly define any specific goals of aftercare. In light of the above issues, Help X 4 Months Remote Care with reassessment is not medically necessary.

Norco Safety Exercise Ball (65cm): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Compensation / Knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for Norco Safety Exercise Ball, MTUS states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment or why the requested exercise equipment is needed to effectively perform a home exercise program. In the absence of such documentation, the currently requested Norco Safety Exercise Ball is not medically necessary.

1 Pair Dumbbells (5#): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker Compensation /Knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for dumbbells, MTUS states that exercise is recommended. They go on to state that there is no sufficient evidence to support the

recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment or why the requested exercise equipment is needed to effectively perform a home exercise program. In the absence of such documentation, 1 Pair Dumbbells (5#) are not medically necessary.

Exercise Pulley With Extended Metal Bracket, 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 Guidelines-Treatment of worker's Compensations/ knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment or why the requested exercise equipment is needed to effectively perform a home exercise program. In the absence of such documentation, the currently requested Exercise Pulley with Extended Metal Bracket and Thera-Cane are not medically necessary.