

<b>Case Number:</b>	CM14-0142591		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was injured on 9/15/2008. She was diagnosed with degenerative lumbar spondylosis, chronic bilateral knee pain from degenerative osteoarthritis, and chronic bilateral leg pain from myofascial pain syndrome. She later had another injury of her left arm involving a fracture and treated with splinting and casting. She also was treated with a HELP functional restoration program (over 7 weeks) and HELP outpatient detox program (10 days), SCIPP (4 days), and medications (oral and topical). On 7/31/2014 a progress note was signed describing the worker's experience on the last week participating with the HELP functional restoration program. She was reportedly very active in the program and was able to meet most of her goals. An after program (HELP Remote Care) was recommended for four months, as well as a gym ball, foam roller, three-cane, stretch out strap, wedge cushion, and The Stick, which were all used during the program and would be for her to use at home to help her perform her home exercise program. She also was recommended to return for one more days in order to help transition away from the direct HELP program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP remote care for 4 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that chronic pain programs (functional restoration programs) are recommended as long as they have a proven track record of successful outcomes for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work. The criteria set by the MTUS for the use of a pain management program includes: 1. An adequate and thorough evaluation of the patient, including baseline functional testing, 2. Evidence of previous methods of treating chronic pain being unsuccessful, 3. The patient has a significant loss of ability to function independently, 4. The patient is not a candidate where surgery or other treatments would clearly be warranted (but if the goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided), 5. The patient exhibits motivation to change, and is willing to forgo secondary gains, and 6. Negative predictors of success above have been reviewed (negative relationship with employer/supervisor, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, longer duration of disability, opioid use, high levels of pain). Summary reports that include goals, progress assessment, and stage of treatment must be made available upon request and at least on a bi-weekly basis during the course of treatment. Treatment should not be longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions, otherwise, for longer durations, clear rationale for extension and requires individualized care plans and proven outcomes. In the case of this worker, there was not enough evidence to suggest the worker needed to extend her participation in the HELP program via remote, according to the notes available for review. An additional day for "reassessment" and help transitioning to home self-care seems reasonable and medically necessary; however, a full extension of the HELP program for 4 months is not medically necessary.

**Reassessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** As discussed above for the request to extend participation in the HELP program, there was not enough evidence to suggest the worker needed to extend her participation in the HELP program via remote, according to the notes available for review. An additional day for "reassessment" and help transitioning to home self-care seems reasonable and medically necessary; however, a full extension of the HELP program for 4 months is not medically necessary.

**Gym ball:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**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, and home exercise kits

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. Home exercise kits in many cases may be recommended as an option when self-directed home exercise/physical therapy programs are recommended. In the case of this worker, the gym ball, foam roller, and stretch out strap each seems appropriate for use as part of a home exercise program which she should continue following the functional restoration program and are each medically necessary.

**Foam roller:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**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, and home exercise kits

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. Home exercise kits in many cases may be recommended as an option when self-directed home exercise/physical therapy programs are recommended. In the case of this worker, the gym ball, foam roller, and stretch out strap each seems appropriate for use as part of a home exercise program which she should continue following the functional restoration program and are each medically necessary.

**Stretch out strap:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**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, and home exercise kits

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. Home exercise kits in many cases may be recommended as an option when self-directed home exercise/physical therapy programs are recommended. In the case of this worker, the gym ball, foam roller, and stretch out strap each seems appropriate for use as part of a home exercise program which she should continue following the functional restoration program and are each medically necessary.

**The stick:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**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, and home exercise kits

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. Home exercise kits in many cases may be recommended as an option when self-directed home exercise/physical therapy programs are recommended. In the case of this worker, the gym ball, foam roller, and stretch out strap each seems appropriate for use as part of a home exercise program which she should continue following the functional restoration program and are each medically necessary. However, The Stick is a massage tool which is not an integral component of a home exercise program and is not medically necessary.