

Case Number:	CM14-0213174		
Date Assigned:	12/30/2014	Date of Injury:	07/14/2003
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 Jersey
 Certification(s)/Specialty: Family Practice

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 53 year old female who was injured leading up to 7/14/2003 from repetitive upper extremity strain. She was diagnosed with bilateral upper extremity thoracic outlet syndrome and mild right carpal tunnel syndrome. She was treated with Botox injections, interscalene injections, braces, medications, physical therapy, acupuncture, pool therapy, hand therapy, and a functional restoration program which included an exercise program. During the fourth functional restoration program and on 11/21/14, the worker's progress was reported. She was reported as making slow progress as she is trying to do more in the gym, causing flare-ups of pain with higher weights. She was appropriately participating in the program, however required frequent cueing to correct her guarded position during physical therapy exercises and was recommended to pace herself and stretch. Later, a request for various home exercise equipment was made by the supervising physician at the functional restoration program, including dumbbells, exercise mat, hugger mugger junior bolsters, theracane, shoulder pulley with door attachment, gym ball, and eggs yoga props.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of 4lb dumbbells: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Exercise.

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic pain as it has evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic upper back/neck pain. While home exercise programs are of course recommended, advanced home exercise equipment used without supervision are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker, various exercise equipment, including dumbbells, exercise mat, hugger mugger junior bolsters, theracane, shoulder pulley with door attachment, gym ball, and eggs yoga props, were recommended for purchase. As all of these were intended to be part of an exercise program for thoracic outlet syndrome that was unsupervised and the lack of explanation for each equipment as to how and why it was to be used, according to the documentation provided for review, each are not medically necessary for purchase.

1 exercise mat (at least 3/8 thick): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Exercise.

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exercise program for thoracic outlet syndrome that was unsupervised and the lack of explanation for each equipment as to how and why it was to be used, according to the documentation provided for review, each are not medically necessary for purchase.

2 hugger mugger junior bolsters: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

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1 theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Exercise.

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic pain as it has evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic upper back/neck pain.

While home exercise programs are of course recommended, advanced home exercise equipment used without supervision are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker, various exercise equipment, including dumbbells, exercise mat, hugger mugger junior bolsters, theracane, shoulder pulley with door attachment, gym ball, and eggs yoga props, were recommended for purchase. As all of these were intended to be part of an exercise program for thoracic outlet syndrome that was unsupervised and the lack of explanation for each equipment as to how and why it was to be used, according to the documentation provided for review, each are not medically necessary for purchase.

1 lifetime multiuse shoulder pulley with door attachment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

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1 65cm gym ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck section, Exercise.

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1 - 3 minutes eggs yoga prop: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

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