

<b>Case Number:</b>	CM15-0170497		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker (IW) is a 64 year old female who sustained an industrial injury on 04-16-2013. She reported low back pain and an inability to walk. The injured worker was diagnosed as having axial low back pain secondary to an L1 compression deformity. Treatment to date has included medical management, psychological care and counseling. A MRI of the lumbar spine 03-20-2014 showed a bi8concave depression deformity in the central aspect of the L1 vertebral body with 500 % loss of height. She has a herniation through the upper vertebral margin of about 8mm with some retropulsion of the upper corner of the L1 vertebral body into the central canal, effacing the thecal sac. According to provider notes of 08-14-2015, the injured worker is on week 4 (of 5 authorized weeks) in a functional restoration program. Her progress includes going from the ability to lift 2 lb. waist to shoulder an inability to lift anything off the floor. She has now progressed to being able to lift 14 lb. off the floor. Her walking endurance has progressed from 1.0 mph for 10 minutes to 3.0 per hour for 20 minutes. She could not squat at the beginning of the program and can now do a 75% of a normal full squat. She was unable to perform her activities of daily living and is now 100% independent. She was unable to perform exercise program and currently is able to perform a 1-hour exercise program with moderate breaks. She has learned active pain management skills that she is able to perform with moderate cueing. The worker has a fear of re-injury that is decreasing with the program. Her mood is improving. She still reports a high level of pain and extended flare-up when she lies on her back. She has been educated in exacerbation of pain or flare-up management tools. At the end of the program, the

goal is to be able to do 100% of her activities of daily living and be able to perform flare-up management with minimal supervision. A request for authorization was submitted 08-21- 2015 for: 1. Physioball 75cm; 2. Exercise mat at least 3/8" thick; 3. Hugger Mugger Junior Bolster; 4. Stretch-out strap; 5. Theracane; 6. Multiuse shoulder pulley with door attachment. A utilization review decision (08-27-2015) non-certified the submitted request in its entirety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physioball 75cm: 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 CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Physical Therapy and Therapeutic Exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that patient's progress to a trained Home Exercise / non Supervised PT program after completion of Supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of exercise equipment will be associated with more beneficial effects than regular gym or home exercise program. The criteria for the use of Physioball 75cm were not met, therefore is not medically necessary.

#### **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 Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy and therapeutic exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that

patient's progress to a trained home exercise / non-supervised PT program after completion of Supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of exercise equipment will be associated with more beneficial effects than regular gym or home exercise program. The criteria for the use of Exercise Mat at least 3/8" thick was not met, therefore is not medically necessary.

**Hugger Mugger Junior Bolster:** 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 CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy and therapeutic exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that patient's progress to a trained Home Exercise / non Supervised PT program after completion of Supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of exercise equipment will be associated with more beneficial effects than regular gym or home exercise program. The criteria for the use of Hugger Mugger Junior Bolster was not met, therefore is not medically necessary.

**Stretch-out strap:** 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 CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Physical Therapy and Therapeutic Exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that

patient's progress to a trained Home Exercise / non Supervised PT program after completion of Supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of exercise equipment will be associated with more beneficial effects than regular gym or home exercise program. The criteria for the use of Stretch-out strap was not met, therefore is not medically necessary.

**Theracane:** 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 CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Manual therapy & manipulation, Massage therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise Massage.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy and therapeutic exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that patient's progress to a trained home exercise / non-supervised PT program after completion of supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of therapeutic massage equipment will be associated with more beneficial effects than regular gym or massage treatment program. The criteria for the use of Theracane was not met, therefore is not medically necessary.

**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 Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, Functional restoration programs (FRPs), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Therapy, Exercise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy and therapeutic exercise can be utilized for the treatment exacerbation of musculoskeletal pain when standard NSAIDs and behavioral modification have failed. The guidelines stated that

patient's progress to a trained home exercise / non-supervised PT program after completion of Supervised PT. The records indicate that the patient had completed Supervised PT and Functional Restoration Program (FRP) training successfully. It was noted that the patient had improved and was able to complete 100% of ADL. The patient was also reporting improvements in physical endurance and exercise activities while utilizing the methods learned during Supervised PT or FRP. There is no indication that the purchase of exercise equipment will be associated with more beneficial effects than regular gym or home exercise program. The criteria for the use of multiuse shoulder pulley with door attachment was not met, therefore is not medically necessary.