

Case Number:	CM15-0047365		
Date Assigned:	03/19/2015	Date of Injury:	02/10/2012
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old male injured worker suffered an industrial injury on 2/10/2012. The diagnoses were lumbar disc disorder, bilateral knee meniscal injuries and cervical strain. The treatment included medications and completion of a functional restoration program. On 1/16/15 the treating provider reported improvement in function and gained independence with reduction of pain as a result of the program. The plan of care included the request for a Reassessment visit and durable medical equipment as part of the home exercise program after completing the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reassessment visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

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

Decision rationale: Per the MTUS, Chronic pain programs also known as functional restoration programs are recommended following specific guidelines as described in detail in the MTUS, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, however it is also not suggested that a continuous course of treatment be interrupted at 2 weeks solely to document these gains, if there are indications that these gains are being made on a consistent basis. Total treatment duration should not exceed 20 full day sessions or the equivalent in part-day sessions if required by part-time work, transportation, childcare or comorbidities. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function. A review of the injured workers medical records reveal that he has progressed well in the functional restoration program with documented pain and functional improvement. A reassessment visit to assess progress in the home exercise program and to assess continued progress with pain and functional improvement is medically necessary in this injured worker.

Norco safety exercise ball (55cm): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Per the MTUS, physical medicine is recommended. "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." A review of the injured workers medical records reveal documentation of pain and functional gains with the functional restoration program and the use of assistive devices and the continued use of the Norco safety exercise ball is medically necessary.

Thera-cane: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: Per the MTUS, physical medicine is recommended. "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." A review of the injured workers medical records reveal documentation of pain and functional gains with the functional restoration program and the use of assistive devices and the continued use of the Norco safety exercise ball is medically necessary.

Stretching strap: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Per the MTUS, physical medicine is recommended. "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." A review of the injured workers medical records reveal documentation of pain and functional gains with the functional restoration program and the use of assistive devices and the continued use of the Norco safety exercise ball is medically necessary.