
Notice of Independent Medical Review Determination

Dated: 9/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 2/19/2010
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0001955

- 1) MAXIMUS Federal Services, Inc. has determined the request for one pair of dumbbells (5 lbs) & one pair of dumbbells (8 lbs) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for adjustable cuff weights (5 lbs or 10 lbs), two each, **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a standard stretch out strap **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a Theraband exercise gym ball (25½ inches) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a BOSU balance trainer 25" propack **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a McKenzie super roll lumbar support **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for one pair of dumbbells (5 lbs) & one pair of dumbbells (8 lbs) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for adjustable cuff weights (5 lbs or 10 lbs), two each, **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a standard stretch out strap **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a Theraband exercise gym ball (25½ inches) **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a BOSU balance trainer 25" propack **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a McKenzie super roll lumbar support **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013.

DIAGNOSIS: left sided C6 and C7 radiculopathy; left rotator cuff tear; fracture left scaphoid healed; s/p arthroscopy with open RCR SAD; chronic neck pain secondary to getting spondylosis of the cervical spine; chronic left shoulder pain secondary to rotator cuff tear and, left arm pain; chronic pain associated with psychological factors in general medical condition; severe depression;

CLINICAL SUMMARY: This patient reported an industrial injury on 2/29/2010 attributed to the

performance of her job tasks attributed to lifting heavy dockets. The patient is currently being treated with conservative care after undergoing arthroscopic surgery to the left shoulder with RCR and SAD on 8/16/2010.

The PR-2 dated 2/17/2011 by Dr. [REDACTED] reported that the patient was not working and sustained no new injuries. The evaluation with Dr. [REDACTED] reported that there "was no surgical intervention necessary at this time". The objective findings on examination were documented as "healed shoulder incision; excellent ROM; negative Slocum's and impingement test; BUE motor and sensory examination is intact; FROM to the shoulder. The diagnoses were left sided C6 and C7 radiculopathy; left rotator cuff tear; fracture left scaphoid healed; and s/p arthroscopy with open RCR SAD. The treatment plan included repeated BUE EMG/NCS and cervical spine MRI "since her left sided symptoms have worsened and her studies are almost one year old. The patient was prescribed Halcion.

The PR-2 dated 3/2/2010 by Dr. [REDACTED] reported that the patient's "symptomatology is worsening and all her previous tests were essentially negative" and he requested a repeated MRI of the cervical spine and BUE EMG/NCS.

The PR-2 dated 4/6/2011 by Dr. [REDACTED] reported that the patient was not working and sustained no new injuries. The evaluation with Dr. [REDACTED] reported that there "was no surgical intervention necessary at this time". The repeated MRI of the cervical spine demonstrated "*hypertrophic facet changes and right neural foraminal stenosis at C4-5; the remainder of the neuroforaminal and central canal are normal at C5-6; C6-7; and C7-T1*". The objective findings on examination were documented as "healed shoulder incision; excellent ROM; negative Slocum's and impingement test; BUE motor and sensory examination is intact; decreased cervical extension with palpable tenderness. The diagnoses were left sided C6 and C7 radiculopathy; left rotator cuff tear; fracture left scaphoid healed; and s/p arthroscopy with open RCR SAD. The treatment plan included Neurontin 600 mg tid; Celebrex 200 mg bid; Norco; and C6 and C7 bilateral epidural steroid injections by Integrated pain management.

The patient has been documented to have completed the previously authorized functional restoration program and is to be discharged for further out patient care.

The RFA dated 7/2/2013 by [REDACTED] M.D. requested reassessment four months from destroyed date and equipment directed to the diagnosis of chronic neck pain secondary to degenerative spondylolisthesis of the cervical spine; chronic left shoulder pain. The reassessment four months from destroyed date was a four-hour reassessment upon discharge from the FRP. The requested exercise equipment included a stretch out strap; 5 pound dumbbell; 8 pound dumbbell; adjustable cuff weights; Jim Ball 65 cm; ABD OSU balance trainer 25 inch Pro pack; and a McKinsey super roll lumbar roll for use on chairs and car seats as a cushion.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one pair of dumbbells (5 lbs) & one pair of dumbbells (8 lbs):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 and diagnosed with chronic pain, degenerative spondylolisthesis, and C6-7 radiculopathy status post rotator cuff repair. Treatment has included medications and a functional restoration program. A request was submitted for one pair of dumbbells (5 lbs) & one pair of dumbbells (8 lbs).

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown to be related to a functional restoration program for this employee. The request for one pair of dumbbells (5 lbs) & one pair of dumbbells (8 lbs) is not medically necessary and appropriate.

2) Regarding the request for adjustable cuff weights (5 lbs or 10 lbs), two each:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 while lifting heavy dockets. The employee was diagnosed with chronic pain and degenerative spondylolisthesis, C6-7 radiculopathy status post rotator cuff repair. The records submitted and reviewed do not document any specific plan or goals for the requested exercise

equipment. A request was submitted for adjustable cuff weights (5 lbs or 10 lbs), two each.

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown to be related to a functional restoration program for this employee. The request for adjustable cuff weights (5 lbs or 10 lbs), two each, is not medically necessary and appropriate.

3) Regarding the request for for a standard stretch out strap:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 while lifting heavy dockets. The employee was diagnosed with chronic pain and degenerative spondylolisthesis, C6-7 radiculopathy status post rotator cuff repair. The records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. A request was submitted for a standard stretch out strap.

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown to be related to a functional restoration program for this employee. The request for a standard stretch out strap is not medically necessary and appropriate.

4) Regarding the request for a Theraband exercise gym ball (25½ inches):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also

cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 while lifting heavy dockets. The employee was diagnosed with chronic pain and degenerative spondylolisthesis, C6-7 radiculopathy status post rotator cuff repair. The records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. A request was submitted for a Theraband exercise gym ball (25½ inches).

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown to be related to a functional restoration program for this employee. The request for a Theraband exercise gym ball (25½ inches) is not medically necessary and appropriate.

5) Regarding the request for a BOSU balance trainer 25" propack:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 while lifting heavy dockets. The employee was diagnosed with chronic pain and degenerative spondylolisthesis, C6-7 radiculopathy status post rotator cuff repair. The records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. A request was submitted for a BOSU balance trainer 25" propack.

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown

to be related to a functional restoration program for this employee. The request for a BOSU balance trainer 25" propack is not medically necessary and appropriate.

6) Regarding the request for a McKenzie super roll lumbar support:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 30-32, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/29/2010 while lifting heavy dockets. The employee was diagnosed with chronic pain and degenerative spondylolisthesis, C6-7 radiculopathy status post rotator cuff repair. The records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. A request was submitted for a McKenzie super roll lumbar support.

The MTUS Chronic Pain Guidelines indicate that although exercise is superior to non-exercise, there is no evidence to support any one particular exercise over another. The medical records submitted and reviewed do not document any specific plan or goals for the requested exercise equipment. In the absence of documentation demonstrating any objective data or plan to gather objective data to support the exercise equipment, the requested treatment has not been shown to be related to a functional restoration program for this employee. The request for a McKenzie super roll lumbar support is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.