
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

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: CM13-0002061

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 physician 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.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 02/19/2010. The patient's mechanism of injury involved lifting heavy docket. Treating diagnoses include chronic neck and left shoulder pain, cervical spondylosis, and pain disorder with psychological factors. The patient is also noted to have the diagnosis of chronic left shoulder pain due to rotator cuff tear with repair. An initial physician review recommended that an exercise ball/gym ball and a stretch out strap were not necessary as these are not specifically required by the guidelines.

IMR DECISION(S) AND RATIONALE(S)

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

1. Exercise ball/gym is not medically necessary and appropriate.is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment, pages 30-32; American College of Environmental Medicine (ACEOM), 2nd Edition, Chapter 6, Pain, Suffering and Functional Restoration, pages 113-114,115, which is part of the MTUS. The Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines Physical Therapy, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment guideline on Physical Medicine page 98-99 states "active therapy requires an internal effort by the individual to complete a specific exercise or task...allow for fading of treatment frequency with active self-directed home physical medicine." The treatment guidelines therefore do specifically support the use of a home exercise program.

The guidelines, however, do not specifically indicate the medical necessity of the exercise ball/gym ball or a stretch out strap. The medical records in this case provide very detailed references in general to physical therapy indications but do not specifically address rationale as to why the particular equipment requested is required. Therefore, the records and guidelines do not support this request.

2. Stretch out Strap is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment, pages 30-32; American College of Environmental Medicine (ACEOM), 2nd Edition, Chapter 6, Pain, Suffering and Functional Restoration, pages 113-114, 115, which is part of the MTUS. The Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines Physical Therapy, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment guideline on Physical Medicine page 98-99 states "active therapy requires an internal effort by the individual to complete a specific exercise or task...allow for fading of treatment frequency with active self-directed home physical medicine." The treatment guidelines therefore do specifically support the use of a home exercise program. The guidelines, however, do not specifically indicate the medical necessity of the exercise ball/gym ball or a stretch out strap. The medical records in this case provide very detailed references in general to physical therapy indications but do not specifically address rationale as to why the particular equipment requested is required. Therefore, the records and guidelines do not support this request.

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.

[REDACTED]

CM13-0002061