

Case Number:	CM13-0016624		
Date Assigned:	03/12/2014	Date of Injury:	11/29/2007
Decision Date:	04/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a patient with a date of injury of 11/29/07. A utilization review determination dated 8/5/13 recommends non-certification of a home exercise kit. 6/25/13 medical report identifies lumbar spine pain 3/10 with occasional radiation into the right gluteus and down the side of the leg. On exam, there are 75 degrees of flexion and 15 of extension. A home exercise program and kit were recommended to continue the benefit from PT at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME EXERCISE KIT BETWEEN 7/31/13 AND 9/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Regarding the request for 1 HOME EXERCISE KIT, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of a recommendation for a home exercise program and kit to continue the benefit from Physical Therapy (PT) at home. However,

there is no documentation of the specific components included in the kit or a clear rationale for its use given that home exercise programs are typically designed to be performed without the need for any specialized equipment. In light of the above issues, the currently requested additional physical therapy for 1 HOME EXERCISE KIT is not medically necessary.