

<b>Case Number:</b>	CM13-0017949		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 53-year-old man who sustained a work related injury on January 3, 2011. Subsequently, he developed a chronic neck pain. According to a note dated on June 6, 2013 the patient complained of 3/10 neck pain radiating to his bilateral shoulders. His physical examination revealed foramina compression decreased left grip, CROM normal to very mildly decreased. His diagnosis included C3-C7 surgery; high grade compression of spinal cord with resulting myelomalacia and cord injury; left shoulder/arm neuralgia, most likely secondary to spinal cord compression. His treatment/Procedure included: MRI, acupuncture, BUE EMG/NCV, 2 stage plated C3-7 on January 2, 2012 and subsequent fusion C3-7 on January 3, 2012 for compression spinal cord with myelomalacia; and cord injury with revision foraminotomy/spur removal on January 29, 2013 at C4-5 with 12 therapy sessions. The provider requested authorization for home exercise kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME EXERCISE KIT-CERVICAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** According to the California MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no clear documentation for the need of home exercise program; the patient cervical range of motion was relatively preserved and there is no documentation of disabling pain. In addition, the request does not address who will be monitoring the patient functional improvement. Therefore, the request for home exercise kit is not medically necessary until more information about the patient and the medical necessity of home exercise.