

Case Number:	CM13-0020783		
Date Assigned:	10/11/2013	Date of Injury:	07/09/2010
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery 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 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. 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 claimant is a 45-year-old female who was injured on July 9, 2010 sustaining an injury to the neck, low back, hips and left leg while lifting a box. Recent clinical assessment for review is a September 18, 2013 assessment from provider [REDACTED] indicating current diagnosis of cervical pain/sprain with lumbar spondylosis, bilateral hip tendonitis and cervical segmental dysfunction. Objectively there was noted to be cervical spasm, tenderness about the paravertebral muscles, positive axial compression testing and positive shoulder depression testing bilaterally. Lumbar spine was with positive spasm and tenderness, diminished right Achilles reflex and tenderness noted over the hips. There is no indication of prior surgical process in this case. The claimant has been treated with medication management, injection therapy and activity modifications. Prior MRI of the cervical spine from June 4, 2012 showed multilevel diffuse disc protrusions with no indication of exiting nerve root impingement. There is a current request for a home exercise kit for this claimant for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Durable Medical Equipment, Exercise equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG--Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure, Home exercise kits

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a "home exercise kit" is recommended where self-directed home physical therapy is recommended. The records in this case, however, fail to necessitate the role of a home exercise kit based on absent demonstration of recent clinical treatment, no documentation of a functional home exercise program and no documentation as to specific body part or muscular group for which the kit would be provided. Specific request in this case would not be indicated at this time.