MAXIMUS Federal Services

Case Number:	CM13-0023904		
Date Assigned:	11/15/2013	Date of Injury:	01/18/2013
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 patient is a 59 year old female who reported an injury on 01/18/2013 after a fall. She was originally being treated for lumbar and thoracic pain but after seeking the assistance of an attorney, cervical pain was also being treated. She received a course of physical therapy to all regions and acupuncture to the lower back, both of unknown duration, and reported that both helped to decrease her symptoms. On a recent clinical note dated 10/21/2013 her cervical, shoulder, and lumbar ranges of motion were within normal limits, but elicited pain and spasms in all planes. There was also noted to be unspecified decreased sensation to upper and lower extremities but reflexes and motor strength were normal. There was no discussion of medication usage at this time other than Lisinopril.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The California MTUS Guidelines recommend exercise to facilitate rehabilitation. They do state, however, that no one exercise program is superior to the other and that progressive walking, simple strength training, and stretching were sufficient. Based on the evidence based guidelines, there is no need for additional equipment to supplement a home exercise program. Therefore, the request for a home exercise kit is non-certified

35 Inch cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS and ACOEM guidelines did not address the use of walking aids to include canes, therefore, the Official Disability Guidelines were supplemented. The ODG only recommends the use of a cane for osteoarthritis of the knees, and states that weight loss is the ultimate long term goal in preventing the need for assistive devices. The patient has no documented diagnosis of osteoarthritis, nor is there evidence of an abnormal or unstable gait. She is also noted to have full range of motion and motor strength throughout. As such, the request for one 35 inch cane is non-certified.