

Case Number:	CM13-0044838		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2003
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 25, 2003. A utilization review determination dated October 21, 2013 recommends, noncertification for 12 sessions of scalene release therapy and noncertification for home exercise equipment and DVD. A progress report dated August 19, 2013 indicates that a patient underwent physical therapy in March and April 2004. A progress report dated August 30, 2013 identifies a subjective complaints indicating constant pain with intermittent aggravation in the upper extremities. The pain is rated as 5/10. Objective examination findings identify no deformity or visible muscle atrophy in the upper and lower limbs, decreased grip strength in both hands, intact sensory examination in both upper extremities, reflexes diminished symmetrically, and a normal gait. Diagnoses include pain in bilateral upper extremities, status post bilateral de Quervain's release, and need to rule out carpal tunnel syndrome. The treatment plan recommends medication and follow-up with QME. A QME report dated September 23, 2013 and amended November 15, 2013 indicates that the patient previously underwent physical therapy with no benefit. The patient also had postoperative physical therapy following de Quervain's release. The patient continued to have physical therapy and acupuncture for about a year. All treatments provided temporary benefit. The physical examination identifies diffuse tenderness and spasm in the cervical spine. Additionally, there is positive costoclavicular abduction test and tenderness primarily over the left brachial plexus where compression of the left brachial plexus reproduces symptoms. The note goes on to indicate that the patient had a positive ads and test by Doppler flow at 60° of arm elevation. The left anterior scalene reveals scar tissue and edema especially extending to the middle brachial plexus trunk, as well as enlargement of the left brachial plexus nerve trunks. The diagnosis includes post traumatic tho

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 Home Exercise program including home exercise equipment and DVD provided by Peter Edglelow Protocol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain Chapter, Exercise.

Decision rationale: Regarding the request for home exercise program with home exercise equipment and a DVD, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment and DVD we improve the patient's ability to reform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested home exercise equipment and DVD are not medically necessary.