

Case Number:	CM13-0044930		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2013
Decision Date:	03/21/2014	UR Denial Date:	10/18/2013
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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain, rotator cuff tendinitis, and chronic low back pain reportedly associated with an industrial injury of March 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; functional capacities testing; and unspecified amounts of chiropractic manipulative therapy. A November 6, 2013 progress note is notable for comments that the applicant is reportedly working for his employer. He attributes his symptoms to an industrial contusion injury. The applicant has persistent, dull low back pain radiating into the left leg. He has a history of coronary artery disease and is status post multiple knee surgeries. A home exercise kit was sought through a handwritten progress report of September 19, 2013, at which point, the applicant was also placed off work, on total temporary disability. MRI imaging studies, electrodiagnostic testing, acupuncture, and DNA testing were also ordered on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar home exercise rehabilitation 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, and Colorado Guidelines Rule 17.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83..

Decision rationale: As noted in the MTUS Guidelines, applicants are responsible for adhering to exercise and medication regimens. Thus, the home exercise rehabilitation kit being sought by the attending provider is, per the guidelines, an article of applicant responsibility as opposed to an item which the payer is responsible for furnishing. It is further noted that the attending provider has not clearly stated why this particular device is needed and/or why the applicant cannot accomplish the same rehabilitation through self-directed home exercises. Therefore, the requested home exercise kit is not medically necessary or appropriate.