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| <b>Case Number:</b>   | CM13-0050173 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 02/05/2013 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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:

This is a patient with a date of injury of February 5, 2013. A utilization review determination dated October 17, 2013 recommends noncertification for a home exercise kit for the cervical spine. A progress report dated August 8, 2014 identifies subjective complaints of neck pain radiating into the upper extremities and low back pain radiating into the lower extremities. Objective examination findings revealed tenderness to palpation around the right shoulder with spasm in the cervical spine and lumbar spine. Diagnoses include cervical disc protrusion, thoracic sprain/strain, lumbar sprain/strain, low back disc protrusion, low back spinal stenosis, low back radiculopathy, facet syndrome, bilateral partial rotator cuff tear, bilateral full rotator cuff tear, and left shoulder bicipital tenosynovitis. The treatment plan recommends a tens unit, cervical epidural steroid injection, medication, urine drug screen, and continue with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PURCHASE OF A HOME EXERCISE KIT FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 174.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 46-47 of 127.

**Decision rationale:** Regarding the request for home exercise equipment, 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 will 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 is not medically necessary.