MAXIMUS Federal Services

Case Number:	CM13-0051173		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2012
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 is a represented [redacted] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and acupuncture; electrodiagnostic testing of the lumbar spine and lower extremities of June 5, 2013, reportedly negative for any clear evidence of radiculopathy; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 22, 2013, the claims administrator denied a request for lumbar and knee home rehabilitation kits. The applicant's attorney subsequently appealed. An August 9, 2013 progress note is notable for comments that the applicant refuses further corticosteroid injections and epidural steroid injection. The applicant was advised to obtain medication refills. The applicant's knee and low back are unchanged, it is stated. He was asked to obtain previously prescribed home exercise kits. No followup is needed unless the applicant's symptoms flare-up, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine home rehab kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, maintaining and adhering to exercise and medication regimens is considered a matter of applicant responsibility as opposed to a matter of medical necessity. In this case, the attending provider has not clearly stated how or why the applicant needs this particular home exercise kit to facilitate performance of home exercises. Therefore, the request remains non-certified, on independent medical review.

Right knee home rehab kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: Again, the MTUS Guidelines in ACOEM Chapter 5 deems maintaining and adhering to exercise regimens matter of employee responsibility as opposed to a matter of medical necessity. Therefore, the proposed home exercise kit is not certified, on independent medical review

Installation of home rehab kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: Since the home exercise kits in question were not certified, in questions 1 and 2, the associated installation services are also not certified, on independent medical review.