

Case Number:	CM13-0054343		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2013
Decision Date:	08/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 34-year-old female with a reported date of injury on 01/27/2013. The injury reportedly occurred while the injured worker was trying to change a patient's clothes. Her diagnoses were noted to include lumbosacral posterior disc bulge, lumbar spine pain, sciatica, bilateral wrist carpal tunnel syndrome and anxiety. Her treatments were noted to include medications and physical therapy. The progress note dated 08/16/2013 revealed the injured worker complained of constant, dull, achy, occasionally sharp low back pain, rated 8 out of 10 that radiated down the right posterior thigh and calf, burning to the sole of her foot. The physical examination revealed forward flexion was to 35 degrees, extension was to 5 degrees, right lateral flexion was to 8 degrees, left lateral flexion was to 10 degrees. The palpation noted the myospasm to the thoracolumbar junction and tenderness to the thoracic lumbar sacral joints. The motor strength to the quadriceps, tibialis anterior, gastrocnemius, peroneus longus, extensor hallucis is 3 out of 5 on the right and 4 out of 5 on the left. The provider indicated the injured worker continued to show signs and symptoms of lumbosacral herniated nucleus pulposus with L5 and S1 nerve damage. The Request For Authorization form dated 07/01/2013 was for a rehab kit to help gently increase the range of motion while decreasing pain, swelling and stiffness.

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

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

Decision rationale: The request for a home exercise kit is not medically necessary. The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend exercise and there was strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therapeutic exercise program should be initiated at the start of any treatment of rehabilitation program, unless exercise is contra-indicated. The guidelines do not recommend 1 form of exercise over another and the request failed to provide the components of the kit. Therefore, the request is not medically necessary.