

Case Number:	CM13-0062857		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2010
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 54-year-old female who reported an injury on 10/27/2010. The mechanism of injury was noted to be repetitive motion and lifting. She is diagnosed with lumbar spondylosis, right thumb IP joint arthritis, and chronic pain syndrome. Her symptoms are noted to include severe back pain. Her objective findings include lumbar spine tenderness and painful range of motion. A recent clinical note indicated that the patient had recently had a course of physical therapy and had found the incline table to be helpful. Therefore, she wanted to request a home incline table. Her treatment plan was noted to include medication refills and a home incline machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A HOME INCLINE MACHINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the California MTUS Guidelines, there is strong evidence that exercise programs including aerobic conditioning and strengthening is superior to treatment

programs that do not include exercise. They further state that there is not sufficient evidence to support the recommendation of any particular exercise regime over any exercise regime. The clinical information submitted for review indicated that the patient had recently completed physical therapy and had found use of an incline table to be helpful. However, the documentation did not provide specific rationale stating why the patient would require use of an incline table in order to continue home exercise. As the California MTUS Guidelines state that there is no evidence to support the recommendation of any particular exercise over any other exercise, the request for a home incline table to be used for home exercise is not supported. As such, the request is non-certified.