

Case Number:	CM14-0105119		
Date Assigned:	07/30/2014	Date of Injury:	11/14/2012
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 56-year-old female who reported injury on 11/14/2012. The mechanism of injury is due to worker being struck by several boxes of patient records on her chest and knocking her down. The surgical history was not provided. Prior treatments included 24 sessions of physical therapy, 16 sessions of acupuncture, and 18 visits of chiropractic care. She was noted to have an MRI of the cervical spine on 05/16/2013. Documentation on 06/09/2014 revealed the injured worker had spasms and tight pain with bilateral upper extremity radiculopathy, right greater than left. The injured worker complained of increased bilateral hand and thumb pain. The documentation indicated the plan included a referral to an orthopedist for the cervical spine and bilateral injections to the carpometacarpal joints. There was no request for authorization made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit (cervical) 1x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Exercise.

Decision rationale: The Official Disability Guidelines indicate that home exercises and manipulation are more effective than medication for relieving neck pain in the long and short term, according to results from a new study. The request submitted failed to indicate the components for the home exercise kit. The request also failed to indicate whether the requested intervention was for purchase or rental. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Home exercise kit (cervical) 1x1 is not medically necessary.