

Case Number:	CM14-0105404		
Date Assigned:	07/30/2014	Date of Injury:	10/12/1999
Decision Date:	08/29/2014	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 Nevada. 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 59-year-old male who was reportedly injured on 10/12/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 7/2/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated cervical spine asymmetry of the neck and shoulders with tilting of the head and neck to the left. Axial compression caused left trapezius muscle tenderness. Positive tenderness to palpation trapezius with muscle spasm noted. Range of motion was limited. Left upper extremity bicep reflex 1+. Decreased sensation to light touch over the C5, C6 and C7 dermatomes. Left scapular winging was present. Lumbar spine had positive tenderness to palpation with muscle spasm to paralumbar musculature. Quadriceps atrophy was present. Range of motion was with pain. Straight leg raise test was positive at 40 bilaterally. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the right/left in the lateral thigh and medial calf. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine, which revealed severe degenerative discogenic changes on the right at L3-L4, L4-L5 moderate bilateral foraminal narrowing and L5-S1 moderate bilateral foraminal narrowing. Nerve conduction velocity bilateral lower extremities revealed chronic right L5 radiculopathy. Previous treatment included medication and conservative treatment. A request was made for Thera-Band Progressive Trainer and was not certified in the pre-authorization process on 6/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera-Band Progressive Trainer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Journal of orthopedic and sports physical therapy. (Resistance properties of Thera-band tubing during shoulder abduction exercise) volume 29, issue 7, pages 413-420. 7/29/1999.

Decision rationale: American College of Occupational and Environmental Medicine and Official Disability Guidelines guidelines do not specifically address durable medical equipment such as elastic bands. An alternate source was utilized for this. The Journal of Orthopedic and Sports Physical Therapy stated that elastic bands are beneficial for individuals with shoulder issues, particularly when isotonic exercises are utilized for shoulder abduction. After review of the medical records provided, the injured worker has neck and low back issues but no documentation of shoulder issues. Therefore, the request for this item is deemed not medically necessary.