MAXIMUS Federal Services

Case Number:	CM14-0106180		
Date Assigned:	07/30/2014	Date of Injury:	02/25/2013
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Interventional Spine 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 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 47 year old male with an injury date on 02/25/2014. Based on the 04/23/2014 progress report provided by [redacted], the diagnoses are: 1. Left index finger fracture 2. Cervical spine disc bulge 3. Lumbar spine disc bulge 4. Lumbar spine radiculitis 5. Left eye contusion 6. Headaches According to this report, the patient presents with low back and left hand pain. The patient states "he is doing slightly better with medication." Physical exam reveals tenderness over the C4-C7 paraspinal muscles, trapezius muscles, parascapular muscles, T7 to T10 parathoracic muscles and L3-S1 paraspinal muscles. Cervical compression and shoulder decompression test are positive bilaterally. Range of motion of the left index finger is decreased. Jamar grip test readings in kilogram are 45, 45, and 45 for the left hand; and 62, 62, and 65 for the right hand. There were no other significant findings noted on this report. The utilization review denied the request on 06/03/2014. [redacted] is the requesting provider, and he provided treatment reports from 06/26/2013 to 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optimum Home Rehab Kit Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter.

Decision rationale: According to the 04/23/2014 report by [redacted] this patient presents with low back and left hand pain and "is doing slightly better." The treater is requesting Optimum Home Rehab Kit Lumbar Spine. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "rehab kit" for the lower back does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The treater does not provide any useful discussion regarding his request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Recommendation is for denial.