

Case Number:	CM14-0108000		
Date Assigned:	08/01/2014	Date of Injury:	07/31/2009
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency Medicine 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 injured worker is a 56 year old female who reported an injury on 07/31/2009 due to an unknown mechanism of injury. The injured worker was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The injured worker was treated with ESI, medications, and a home exercise program. The injured worker had not undergone any diagnostic studies. The injured worker had a second transforaminal ESI to L5-S1 on 02/17/2014 and did not receive significant relief. The injured worker complained of low back pain rated 8/10 on evaluation dated 03/18/2014. The injured worker had a positive straight leg raise on the right, lumbar range of motion was 60 degrees flexion and 10 degrees extension, and sensation was intact to all dermatomes except on the right in the L5 and S1 distributions. The injured worker was prescribed Gabapentin, Ativan, Tramadol, and Zaleplon. The treatment plan was for Resistance chair (Exercise and rehabilitation system) with [REDACTED] shoulder stretcher. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair (Exercise and rehabilitation system) with [REDACTED] shoulder stretcher: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Exercise; Gym Membership.

Decision rationale: The request for Resistance chair (Exercise and rehabilitation system) with [REDACTED] shoulder stretcher is not medically necessary. The injured worker complained of low back pain rated 8/10. The California MTUS guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. The Official Disability Guidelines recommend therapeutic exercise, including strengthening, to start as soon as it can be done without aggravating symptoms. The Official Disability Guidelines do not recommended gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. 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. The injured worker's medical records indicated 4 sessions of physical therapy prior to an injection. The medical records lack documentation of a failed home exercise program or the need for equipment. In addition, the guidelines state there is no evidence to recommend one particular exercise regimen over any other exercise regimen. As such, the request for Resistance chair (Exercise and rehabilitation system) with [REDACTED] shoulder stretcher is not medically necessary.