

Case Number:	CM14-0115878		
Date Assigned:	08/04/2014	Date of Injury:	09/09/2002
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 59 year-old female with a 9/9/2002 date of injury. According to the 6/4/14 pain management report from [REDACTED], the patient presents with neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities. She had a cervical SCS implanted 11/26/12 and lumbar SCS implant on 1/9/12. Her diagnoses include Cervical post-laminectomy syndrome; s/p ACD C3/4, C4/5, C5/6, and C6/7 on 3/17/03; lumbar sprain with degenerative changes; s/p L4/5 laminectomy discectomy on 1/17/11; BLE radiculopathy; medication induced gastritis; reactionary depression and anxiety; cervicogenic/Migraine headache; left shoulder sprain. [REDACTED] notes the patient has been having increased pain in the left shoulder, aggravated with overhead activity, as well as internal and external rotation. He injected the shoulder and recommends acupuncture and an upper extremity rehabilitation kit. On 7/2/14 UR denied a home rehab kit for both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Rehab Kit; exercise equipment, for both upper extremities as outpatient: 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 Official Disability Guidelines (ODG) ODG-TWC guidelines, Shoulder Chapter, online for: Home exercise kits Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)(<http://www.odg-twc.com/odgtwc/shoulder.htm#ProcedureSummary>).

Decision rationale: The patient presents with multiple symptoms involving her neck, back and all extremities. She had spinal surgeries in the cervical and lumbar regions and eventually had spinal cord stimulators for both cervical and lumbar regions. The most recent report notes left shoulder strain/sprain, aggravated with overhead activity and internal and external rotation. The physician requests a home rehab kit for the left shoulder, but on 7/2/14, UR denied the rehab kit for both upper extremities. The request presented for this IMR is for the Rehab/exercise kit for both upper extremities. MTUS/ACOEM does not discuss exercise kits, so ODG guidelines were consulted. ODG guidelines for the shoulder chapter recommends exercise kits. If the request provided for this IMR was presented as the physician has reported, for the left shoulder, the exercise kit would be in accordance with the ODG guidelines. However, the request presented for IMR is for exercise kits for both upper extremities. The reporting does not discuss any right-shoulder problems, or right shoulder diagnoses, the exercise kit for the right shoulder would not be indicated. Therefore, the request, as written, for both upper extremities is not in accordance with the ODG guidelines. Recommend non-certification