MAXIMUS Federal Services

Case Number:	CM14-0131233		
Date Assigned:	08/20/2014	Date of Injury:	05/01/2004
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine 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 73 year old man who was injured at work on 5/1/2004. The injuries were primarily to his neck, back, shoulders, and his extremities. He is requesting review for denial for a: Lumbar Rehabilitation Kit, a Cervical Rehabilitation Kit, and a Shoulder Rehabilitation Kit. Medical records are available and corroborate ongoing care for his injuries. His chronic diagnoses include the following: Acromioclavicular Sprain/Strain, Cervical Sprain/Strain, and Chronic Low Back Pain. Treatments have included: Physical therapy, acupuncture, a home exercise program, and analgesic medications. Documentation suggests that the three rehabilitation kits were recommended to "provide safe rehabilitation for the patient."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR REHABILITATION KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Official Disability Guidelines comment on the use of exercise as a treatment modality for chronic back pain. Exercise is recommended for treatment and for prevention. It appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home 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.In this case the provider has prescribed a lumbar rehabilitation kit. While the records do not clarify the specifics of this request, such kits are designed to include equipment to assist a patient with exercises to increase strength and flexibility. There is no documentation to indicate why the patient needs advanced home exercise equipment such as a lumbar rehabilitation kit. Specifically, how the lumbar rehabilitation kit offers additional value over a self-directed home exercise program. There is no documentation of the goals of this intervention and how outcomes will be monitored. Therefore, a lumbar rehabilitation kit is not considered as medically necessary.

1 CERVICAL REHABILITATION KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The Official Disability Guidelines comment on the use of exercise for chronic neck pain. Exercise is recommended as a treatment modality. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion, and further benefits are available when combined with strength training. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home 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. Home exercises have been found to be more effective than medication for relieving neck pain, both in the short and long term. Physical therapists who gave patients instructions on simple, gentle exercises for the neck that they could do at home, for 5 to 10 repetitions of each exercise up to eight times a day, were effective.In this case the provider has prescribed a cervical rehabilitation kit. While the records do not clarify the specifics of this request, such kits are designed to include equipment to assist a patient with exercises to increase strength and flexibility. There is no documentation to indicate why the patient needs advanced home exercise equipment such as a cervical rehabilitation kit. Specifically, how the cervical rehabilitation kit offers additional value over a self-directed home exercise program. There is no

documentation of the goals of this intervention and how outcomes will be monitored. Therefore, a cervical rehabilitation kit is not considered as medically necessary.

1 SHOULDER REHABILITATION KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Exercise/Physical Therapy.

Decision rationale: The Official Disability Guidelines indicate that excise is a recommended treatment for acute and chronic shoulder problems. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. Physical therapy to assist in the development of an exercise program is recommended. The benefit of this intervention is dependent in part as to the nature of the underlying injury; e.g. a rotator cuff disorder, impingement syndrome, or adhesive capsulitis. For example, in patients with rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before Orthopaedic referral.The Official Disability Guidelines provide guidance as to the frequency and duration of physical therapy; allowing for fading of treatment frequency over time. The goal of the program is to advance the patient to an active, self-directed home physical therapy program. In this case the provider has prescribed a shoulder rehabilitation kit. While the records do not clarify the specifics of this request, such kits are designed to include equipment to assist a patient with exercises to increase strength and flexibility.There is no documentation to indicate why the patient needs advanced home exercise equipment such as a shoulder rehabilitation kit. Specifically, how the shoulder rehabilitation kit offers additional value over a self-directed home exercise program. There is no documentation of the goals of this intervention and how outcomes will be monitored. Therefore, a shoulder rehabilitation kit is not considered as medically necessary.