

Case Number:	CM14-0139083		
Date Assigned:	09/05/2014	Date of Injury:	06/04/2013
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 61 year old male who sustained an injury 06/04/2013 due to a cumulative trauma. He has been treated conservatively with physical therapy which has failed. Progress report dated 07/29/2014 documented the patient to have complaints of neck pain radiating into bilateral upper extremities right greater than left. He rated his pain as 4/10 with medications and without his medications; his pain level is increased to 7-8/10. He has continued low back pain and bilateral shoulder pain. Objective findings on exam revealed tenderness to palpation with muscle spasm in the cervical and lumbar paravertebral muscle. He had restricted range of motion in the cervical and lumbar spine. Bilateral sciatic notch exhibited tenderness to palpation as well as over the medial joint line in both knees. He is without effusion or edema in both knees. He is diagnosed with bilaterally acromioclavicular arthrosis, internal derangement bilaterally; lumbar IVD (intervertebral) syndrome, cervical left upper extremity radiculopathy and lumbar radiculopathy. He is recommended for an exercise kit for the neck and back. Prior utilization review dated 08/22/2014 by [REDACTED] states the request for cervical home exercise kit is not authorized as medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Exercise; TENS (transcutaneous electrical nerve stimulation); Int.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Exercise

Decision rationale: Guidelines state that exercise is recommended. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other regimen. The patient had PT in the past and should have been taught home exercise program that does not necessarily need the exercise kit. The medical necessity of the request is not established.