

Case Number:	CM14-0139087		
Date Assigned:	09/05/2014	Date of Injury:	06/04/2013
Decision Date:	10/03/2014	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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 with a work injury dated 6/4/13. The diagnoses include internal derangement right knee, herniated nucleus pulposus cervical, left upper extremity cervical radiculopathy, musculoligamentous injury bilateral shoulders left greater than right, bilateral acromioclavicular arthrosis, left lateral epicondylitis elbow, radiculopathy left lower extremity, rule out bilateral hip joint internal derangement, musculoligamentous injury bilateral knees, internal derangement left knee, lumbar intervertebral disk disease syndrome, radiculopathy lumbar, and left wrist triangular fibrocartilage complex tear. Under consideration is a request for lumbar spine home exercise kit. There is a primary treating physician report dated 7/29/14 which states that the patient has neck pain which radiates to both upper extremities right greater than left with numbness/tingling with medications. He continues to have low back pain with medications. He has bilateral shoulder pain. He has constant bilateral hip pain. He has constant bilateral knee pain. On exam there is tenderness to muscle spasm in the cervical and lumbar spine with decreased range of motion in the cervical and lumbar spine area. He has tenderness to palpation in the bilateral sciatic notch and medial joint line tenderness in both knees. There is no effusion or edema in both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

Decision rationale: Lumbar spine home exercise kit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documentation does not state what the contents of the exercise kit are. The request for lumbar spine home exercise kit is not medically necessary.