MAXIMUS Federal Services

Case Number:	CM14-0153118		
Date Assigned:	09/23/2014	Date of Injury:	11/21/2005
Decision Date:	12/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Texas & 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:

This is a 61 year old female patient who sustained a work related injury on 11/21/2005. Patient sustained the injury due to cumulative trauma from 11/21/2005 to 03/15/2006. The current diagnoses include sprain of shoulder region, lumbar region sprain, neck sprain, thoracic sprain, cervical spondylosis, lumbar disc dis with myelopathy, chronic pain and shoulder joint derangement. Per the doctor's note dated8/05/14, patient has complaints of neck pain at 4/10 and bilateral shoulder pain. Physical examination revealed tenderness to palpation with increased muscle rigidity, numerous trigger points palpable and tender throughout the cervical paraspinal muscles, decreased ROM with obvious muscle guarding, cervical ROM flexion 30 degrees, extension 30 degrees, and right and left lateral bend 30 degrees, and right and left rotation is 60 degrees; shoulder ROM flexion 170 degrees right/left, extension 40 degrees, abduction 170 degrees right, and adduction normal, internal and external rotation was normal; deep tendon reflexes revealed biceps, triceps and brachioradialis was 2/4 on right and left, Wartenberg pinprick wheel sensation was decreased along the lateral arm and forearm bilaterally in the C5-6 distribution and atrophy along the left thenar muscle. The current medication lists include Ultram 150mg, Imitrex, Prilosec 20mg, Aspirin, Voltaren and Remeron. The patient has had an MRI of the cervical spine, on 07/18/13 that revealed at C6-7 right paracentral disc protrusion, at C5-6, 3mm broad-based central disc protrusion. The patient's surgical history include left shoulder open rotator cuff repair on August 8 2008. There was an attempt to administer an intra-corticosteroid injection on her left shoulder, but it was aborted as it was unable to enter the joint. The patient has had cervical epidural steroid injections on 01/23/14, and 03/06/14. The patient has received 12 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 11/13/14) Gym memberships Low Back (updated 11/21/14) Gym memberships

Decision rationale: ACOEM/ CA MTUS do not address this request. Therefore ODG used. Per the ODG guidelines "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." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. In addition per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The medical necessity of the request for Home exercise kit for the upper extremities is not fully established in this patient.