

Case Number:	CM14-0153413		
Date Assigned:	09/23/2014	Date of Injury:	03/31/2013
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 3/31/13 date of injury. At the time (6/7/14) of request for authorization for Lumbar Exercise Kit for purchase, Shoulder exercise kit for purchase, Aqua relief system hot/cold compression for purchase, and Cervical exercise kit for purchase, there is documentation of subjective (low back pain, bilateral shoulder pain with stiffness, and neck pain) and objective (decreased cervical, lumbar, and bilateral shoulder range of motion with tenderness) findings, current diagnoses (bilateral shoulder sprain/strain, lumbar sprain./strain, and cervical sprain/strain), and treatment to date (ongoing physical therapy). Regarding lumbar exercise kit for purchase, shoulder exercise kit for purchase, and cervical exercise kit for purchase, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Regarding Aqua relief system hot/cold compression for purchase, there is no documentation of a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Exercise Kit for purchase: 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) Pain Chapter, Exercise; Knee & Leg Chapter, Home Exercise Kit

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, lumbar sprain/strain, and cervical sprain/strain. However, despite documentation of ongoing physical therapy, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider. In addition, there is no documentation of a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for lumbar exercise kit for purchase is not medically necessary.

Shoulder exercise kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 555-556

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Exercise; Shoulder Chapter, Home Exercise Kit

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, lumbar sprain/strain, and cervical sprain/strain. However, despite documentation of ongoing physical therapy, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider. In addition, there is no documentation of a

description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for shoulder exercise kit for purchase is not medically necessary.

Aqua relief system hot/cold compression for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Shoulder Chapter, Cold/heat packs; Cold compression therapy; Venous thrombosis

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back and shoulder as an optional clinical measure for evaluation and management of low back and shoulder complaints. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for nonsurgical treatment and that there is minimal evidence supporting the use of cold therapy. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, lumbar sprain/strain, and cervical sprain/strain. However, there is no documentation of a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Aqua relief system hot/cold compression for purchase is not medically necessary.

Cervical exercise kit for purchase: 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) Pain Chapter, Exercise; Knee & Leg Chapter, Home Exercise Kit

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical

information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, lumbar sprain/strain, and cervical sprain/strain. However, despite documentation of ongoing physical therapy, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider. In addition, there is no documentation of a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for cervical exercise kit for purchase is not medically necessary.