

<b>Case Number:</b>	CM14-0183732		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for left foot pain, plantar fasciitis, and derivative complaints of sleep disturbance reportedly associated with an industrial injury of March 28, 2014. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for a Rehabilitation Kit. The applicant's attorney subsequent appealed. In a handwritten note dated October 16, 2014, the applicant apparently presented with issues associated with gastroesophageal reflux disease, hypertension, and diabetes. Laboratory testing was endorsed. The applicant's work status was not clearly stated. In a September 24, 2014 progress note, the applicant again reported ongoing complaints of stress, anxiety, and insomnia. Pre-printed check boxes were employed. It was stated that the applicant was returned to regular duty work on this progress note. Somewhat incongruously, however, a functional capacity evaluation was concurrently sought. In a progress note dated October 21, 2014, the applicant was given a diagnosis of obstructive sleep apnea with exacerbation evident in the supine position. The applicant was asked to make dietary changes, improve sleep hygiene, and optimize therapy for depression, anxiety, and pain. The DME-exercise Rehabilitation Kit was sought via a Request for Authorization (RFA) form dated October 8, 2014 and associated progress note of September 27, 2014, the claims administrator posited in its UR report. These notes, however, were not seemingly incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - Exercise Rehab Kit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83; Table 12-8, page 309, Chronic Pain Treatment Guidelines Education topic Page(s): 46-47.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The exercise rehabilitation kit being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payor responsibility. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also takes the position that back-specific exercise machines, articles which are essentially analogous to the exercise rehabilitation kit being sought here, are deemed "not recommended." Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines further note that there is no recommendation to favor any one particular form of exercise over another. In this case, little to no narrative commentary accompanied the request for authorization. The information on file suggests that the applicant had already been returned to regular duty work as of September 24, 2014 and should, thus, be capable of transitioning to self-directed home physical medicine/home exercise without the Exercise Rehabilitation Kit at issue. Therefore, the request for Exercise Rehabilitation Kit is not medically necessary.