

Case Number:	CM14-0020613		
Date Assigned:	04/30/2014	Date of Injury:	09/12/2010
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine and is licensed to practice in New York, North Carolina. 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 claimant is a 43 year old with chronic low back pain, injury date 9/12/2010, while bending over a machine to provide preventive maintenance. He was treated with conservative measures, include physical therapy, medications, TENS following a 11/15/10 left L4-5 microlaminectomy and discectomy. He also claims neck pain and wrist pain. He works modified duty, and the modifications are his judgment. He is requesting a home exercise kit following a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In the Chronic Pain Medical Treatment Guidelines, it is noted that home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In the ACOEM treatment guidelines, it is noted that home exercise for range of motion and strengthening are appropriate. There is heterogeneity

when applying the term "Home exercise kit," as it may contain everything from Therabands and exercise balls, to Nordic track equipment. There is no notation in records reviewed regarding what components were medically necessary or why they were necessary, as opposed to routine stretches and aerobic exercise, for instance. The Home Exercise Kit is not medically necessary.