

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0021299 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 10/08/2009 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 11/12/2013 report, the patient presents with low back pain that radiates down the right lower extremity, neck pain, numbness and tingling of left upper extremity, has completed physical therapy, and has some acupuncture treatments left. Examination of the left shoulder showed positive impingement sign, decreased range of motion, and tender to palpation. Impression includes: 1. Cervical radiculopathy. 2. Lumbar radiculopathy. 3. Right shoulder impingement syndrome. Treatment plan was to continue medications, acupuncture 3 times a week for 4 weeks, and patient had a work status with limitations. Report from 11/27/2013 is an initial orthopedic consultation presenting with current complaints of: 1. Neck pain. 2. Left shoulder pain. 3. Low back pain. There was diminished range of motion of the shoulders bilaterally. Impingement and Hawkins's signs were positive on the left. Under discussion, it states that the patient is currently working with work restrictions, has radiating pain into the left upper extremity and right lower extremity with numbness and weakness, complaint of left shoulder pain with decreased range of motion interfering with lifting, pushing, pulling objects as well as overhead motions. There is a request for authorization form dated 12/16/2013 with a listed request for "DME-heat/cold unit, multi-stim unit, and home exercise kits for the lumbar, shoulder, and cervical". The request for home exercise kit was denied according to the utilization review letter dated 01/26/2014 with a rationale, "The contents of the kit are provided. Based on the diagnoses and considering the very chronic nature of the condition and the fact that other more simples means available for IW to do effective HEP without any documented or clinical indications for the components of this simple kit according to MTUS Treatment Guidelines, the request is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF SHOULDER HOME EXERCISE KIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This employee presents with chronic persistent shoulder pain. The treating physician has asked for use of home exercise kit. There are no progress reports that discuss this request, but there is a request for authorization that includes the request for home exercise kit. The MTUS Guidelines strongly support home exercises. The ODG Guidelines strongly support home exercises, particularly for chronic pain. This employee suffers from chronic pain. These home exercise kits, particularly for shoulder that typically include therapeutic bands, pulleys, et cetera can be quite useful in aiding patients with their home exercises. Although the specific contents of the kit is not described, home exercise kits are typically not elaborate equipments, but simple tools that help aid in home exercises. Given such a strong support for home exercise program for various different chronic pain conditions, recommendation is that this request is medically necessary.