

Case Number:	CM14-0021748		
Date Assigned:	05/05/2014	Date of Injury:	10/08/2009
Decision Date:	07/24/2014	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 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:

This is a 47-year-old male patient with a 10/8/09 date of injury. 12/16/13 progress report indicates continuous neck pain, bilateral shoulder pain, and continuous low back pain. Physical exam demonstrates cervical tenderness and spasm, decreased cervical range of motion, bilateral shoulder tenderness, bilateral shoulder spasm, decreased bilateral shoulder range of motion, lumbar tenderness and decreased range of motion. Several conservative treatment modalities were prescribed during that visit. Subsequent medical reports provided limited evidence of response to such modalities. There is documentation of a previous 1/28/14 adverse determination considering the very chronic nature of the condition and the fact that more simple means to conduct an effective HEP were available.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT- CERVICAL HOME EXERCISE KIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Exercise Equipment.

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require 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. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. However, the patient was prescribed various conservative modalities that he had not even started when he was also prescribed a home exercise kit. The exact contents of the kit are unknown, contrary to what was indicated in the initial utilization review. There is no evidence that the patient was instructed in appropriate at home exercise by a medical provider. It is not established that the patient would be unable to perform adequate home exercise without the exercise kit. Therefore, the request for Durable Medical Equipment- Cervical Home Exercise Kit was not medically necessary.