

<b>Case Number:</b>	CM14-0021808		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 48-year-old male with date of injury of 10/15/2013. Per treating physician's report 01/15/2014, this patient presents with a listed diagnoses of cervical, thoracic, lumbar, and right wrist sprains/strains. Under subjective complaints, patient has upper and lower back pain with numbness in right leg up to the knee, pain in the right wrist especially with lifting and use of right hand. Recommendation was for home exercise kit for exercise ball for home use. Pain management was also recommended for lumbar spine and the patient was to remain off work. The treating physician's report from 12/13/2013 was also reviewed with complaints of right hand and low back pain with the same list of diagnoses and the request was for all of medical records. The patient was to be started on the course of multiple modality physiotherapy 2 times a week for the next 6 weeks. The request for the purchase of home exercise kit was denied by utilization review letter 02/04/2014 with the rationale "under California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition home exercise kits are generally not provided as Durable medical equipment." There was no supervision or way to determine efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF HOME EXERCISE KIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercise for Chronic pain.

**Decision rationale:** This patient presents with chronic neck, low back pain, and wrist pain. The request is for an exercise kit. Regarding exercise, Official Disability Guidelines (ODG) Guidelines states that it is recommended. However, states "there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen". Exercise program should emphasize education, independence, and the importance of an ongoing exercise regime. It further provides discussion regarding aerobic exercise conditioning being quite beneficial. The California Medical Treatment Utilization Schedule (MTUS) Guidelines nor ODG Guidelines discuss exercise kits in general but does not consider one type of exercise superior to other types. The randomized control studies strongly support aerobic condition-type of exercise. Aerobic conditioning does not require exercise kits. Given the lack of discussion and support from the guidelines, recommendation is for denial of the exercise kit as prescribed. Furthermore, the treating physician does not explain what the exercise kit contains and what supervision will be provided. The request is for an exercise kit is not medically necessary and appropriate.