

<b>Case Number:</b>	CM14-0038529		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, has a subspecialty in Pain 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 injured worker's original date of injury was January 6, 2011. The industrially related diagnoses include chronic neck pain, then pain, and upper limb complex regional pain syndrome. The patient has had diagnostic workup with MRI of the right wrist performed in November 2012. This was reportedly normal. The patient also had investigation with electrodiagnostic studies which revealed minor right carpal tunnel syndrome and possible right older nerve entrapment. The disputed issue in this case is a request for a home exercise kit. A utilization review determination on March 24, 2014 had noncertified this request. The objections that the utilization reviewer had to be home exercise kit was that there was no specification as to the indications for the tip, the body parts that the exercise kit was intended to treat, and the contents of the kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise kit; unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47.

**Decision rationale:** Regarding the request for home exercise equipment, the ACOEM Practice Guidelines support the use of aerobic activity to avoid deconditioning. Guidelines further specify that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to reform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested home exercise equipment is not medically necessary.