

Case Number:	CM14-0041446		
Date Assigned:	06/27/2014	Date of Injury:	09/01/2012
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 is a 54-year-old male with a reported date of injury on 09/01/2012. The mechanism of injury was noted to be repetitive injury. His diagnoses were noted to include status post left elbow extensor tendon release, right elbow lateral epicondylitis, status post right lateral epicondyle injection, right hand strain, chronic low back pain, and complaints of depression. Previous treatments were noted to include surgery, injections, physical therapy, and home exercise program. The progress note dated 06/09/2014 revealed the injured worker complained of postoperative pain to the bilateral elbows and low back aggravated with driving long hours. The injured worker reported he was unable to do his daily home exercises due to pain. Medications were reported to have helped a little bit and the bilateral elbow pain was rated 9/10 to 10/10. His right hand pain was rated 6/10. Low back pain was rated 7/10 to 8/10 with bilateral hand numbness and tingling, including the index and middle fingers, as well as the left forearm. Physical examination revealed tenderness on the right hand with decreased grip strength on the right. The lumbar spine examination revealed mild muscle guarding, decreased range of motion, and the injured worker did complain of increased pain toward the terminal range of motion, which was forward flexion to 40 degrees and extension was to 20 degrees. The paraspinal musculature had noted tenderness to palpation as well as the spinous processes. The Request for Authorization form dated 03/17/2014 was for a home exercise kit to include over-the-head pulley, Theraband, and gym ball; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit (Over the head pulley, Thera band, and Gym ball): Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do recommend exercise. The guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. In this case the injured worker revealed he was unable to perform his daily home exercise program due to pain and the guidelines do not recommend one form of exercise over another. Therefore, due to the injured worker's inability to perform his own home exercise program and the guidelines do not recommend one form of exercise over another, the home exercise kit is not supported by the guidelines. Therefore, the request for a home exercise kit (over the head pulley,thera band, and gym ball) is not medically necessary and appropriate.