

Case Number:	CM14-0043664		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2012
Decision Date:	09/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 51 year old male who reported injury on 09/10/2013. The mechanism of injury was not provided. Diagnoses included contusion of the scapular region. Past treatments documented physical therapy of the knee, and 6 sessions of physical therapy of the right upper extremity. The Physical therapy note, dated 10/10/2013, noted the injured worker complained of pain with activity to the right upper extremity. The physical exam noted the right shoulder had a painful arc at 90 degrees, tenderness to palpation of the supraspinatus, and decreased motor strength and pain with external rotation and abduction. Medications were not noted. Treatment plan included to continue plan of care to progress supraspinatus strength, decrease pain, and improve functional abilities. The Request for Authorization form was submitted for review on 03/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar home exercise kit, QTY: 1: 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 Exercise Page(s): 46-47.

Decision rationale: The documentation provided noted the injured worker had pain to the right upper extremity in 10/10/2013 (more current documentation was not provided). The California MTUS guidelines recommend exercise programs for patients with low back pain unless exercise is contraindicated. Home exercises can include exercise with or without mechanical assistance or resistance. There is no evidence to support that one program is more beneficial than another. Considering the lack of evidence to support a low back condition, and the evidence based guidelines indication of an exercise program being equally effective without equipment, a lumbar home exercise kit would be unsubstantiated at this time. Therefore, the request is not medically necessary.