

Case Number:	CM14-0052336		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2012
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 patient is a 62-year-old female who has submitted a claim for multilevel cervical disc herniation and desiccation, cervical radiculitis, bilateral epicondylitis, and tenosynovitis of hands and wrists associated with an industrial injury date of 09/12/2012. Medical records from 2012 to 2014 were reviewed. The patient complained of pain at the right forearm, bilateral shoulder, neck, and bilateral hands associated with numbness and tingling sensation. The pain was rated 7 to 8/10 in severity, aggravated during movement. A physical examination showed painful and limited range of motion of the cervical spine. Shoulder depression and Soto Hall tests were positive. Tenderness was noted at bilateral elbows. Treatment to date has included physical therapy, activity restrictions, shoulder and elbow cortisone injection, and medications. Utilization review from 04/11/2014 denied the request for therapeutic home exercise program 2 sessions of 97110. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercise home exercise program 2 sessions of 97110: 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 Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that the given frequency should be tapered and the patient should be transitioned into a self-directed home program. In this case, the patient underwent a course of physical therapy in 2013. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment due to lack of documentation. It is unclear why patient was not able to transition into a self-directed exercise program at that time. Letter for authorization, dated 04/09/2014, cited that exercise program will include use of a foam roller directed to the spine and extremities. However, there was no further discussion concerning a need for such home equipment. Moreover, the present request as submitted is nonspecific. The medical necessity cannot be established due to insufficient information. Therefore, the request for therapeutic home exercise program 2 sessions of 97110 is not medically necessary.