

Case Number:	CM14-0074041		
Date Assigned:	07/16/2014	Date of Injury:	10/03/2013
Decision Date:	09/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 45 year-old with a reported date of injury of 09/01/2010 to 11/14/2013 and 10/03/2013. The patient has the diagnoses of right rotator cuff syndrome, myofasciitis/muscle spasm, cervical spine disc syndrome, lumbar spine disc syndrome, cervicgia, lumbago, shoulder pain, right wrist pain, right shoulder internal derangement and right hand pain. Treatment modalities have included physical therapy and extracorporeal shockwave therapy. Per the progress reports provided by the primary treating physician dated 01/10/2014, the patient had complaints of cervical and lumbar spine pain with numbness and loss of motion. The pain was rated a 6/10. The physical exam noted pain and limited range of motion of the cervical and lumbar spine with pain to palpation. There was edema swelling of the right wrist and sensory loss in the right hand. Trigger points were present in the cervical and lumbar spine. Right hand and wrist had tenderness to palpation with limited range of motion. Cervical compression test was positive bilaterally and Tinel's, Phalen's, Flick and Finkelstein's tests were positive on the right. Treatment recommendations included acupuncture, physical therapy, functional restoration program, chiropractic care, MRI of the right wrist, TENS unit, compression pump, wrist brace, Paraffin baths and aspen summit back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Hand/Wrist Home Exercise Rehab Kit: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006). Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. The ACOEM section on hand and wrist recommends the following: adjust or modify workstation, job tasks, or work hours and methods; stretching; specific hand and wrist exercises for range of motion and strengthening; at-home local applications of cold packs first few days of acute complaints, thereafter, applications of heat packs; and aerobic exercise to maintain general conditioning. The reasoning behind the requested service was for increasing range of motion while decreasing pain, swelling and stiffness. While both the ACOEM and the California MTUS support home exercise and stretching, they do not specifically espouse one specific treatment program. There is no documentation why this specific exercise rehab kit would be necessary over continuation of a home exercise program that had been started in physical therapy. For these reasons the request is not medically necessary.

Purchase of Shoulder Home Exercise Rehab Kit: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006). Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. The ACOEM chapter on shoulder complaints recommends the following: adjust or modify workstation after ergonomic assessment, job tasks, or work hours; stretching; specific shoulder exercises for ROM and strengthening; home, local application of cold during first few

days of acute complaint, thereafter, then heat application; and relaxation techniques. The reasoning behind the requested service was for increasing range of motion while decreasing pain, swelling and stiffness. While both the ACOEM and the California MTUS support home exercise and stretching, they do not specifically espouse one specific treatment program. There is no documentation why this specific exercise rehab kit would be necessary over continuation of a home exercise program that had been started in physical therapy. For these reason the request is not medically necessary.

Purchase of Cervical Home Exercise Rehab Kit and Installation 1x Fee: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006). Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. The ACOEM chapter on neck complaints recommends the following: adjustment or modification of workstation, job tasks, or work hours and methods; stretching; specific neck exercises for range of motion and strengthening; at-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs; relaxation techniques; aerobic exercise; and 1-2 physical therapy visits for education, counseling, and evaluation of home exercise. The reasoning behind the requested service was for increasing range of motion while decreasing pain, swelling and stiffness. While both the ACOEM and the California MTUS support home exercise and stretching, they do not specifically espouse one specific treatment program. There is no documentation why this specific exercise rehab kit would be necessary over continuation of a home exercise program that had been started in physical therapy. For these reason the request is not medically necessary.

Purchase of Lumbar Home Exercise Rehab Kit: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006). Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. The ACOEM chapter on low back complaints recommends: adjustment or modification of workstation, job tasks, or work hours and methods; stretching; specific low back exercises for range of motion and strengthening; at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold; relaxation techniques; aerobic exercise; and 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening. The reasoning behind the requested service was for increasing range of motion while decreasing pain, swelling and stiffness. While both the ACOEM and the California MTUS support home exercise and stretching, they do not specifically espouse one specific treatment program. There is no documentation why this specific exercise rehab kit would be necessary over continuation of a home exercise program that had been started in physical therapy. For these reason the request is not medically necessary.