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| Case Number: | CM14-0099044 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 07/23/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 is a 47 year old female with a date of injury on 07/23/13 who has been complaining of moderate to severe neck and back pain, with worsening pain to feet. She also complains of pain at the right knee with tingling and numbness sensation. Examination has showed tenderness at cervical spine with spasm and limited range of motion (ROM) as well as tenderness at bilateral paraspinals and sacroiliac joints. There is also tenderness at right knee over infrapatella with limited ROM due to pain. She has been receiving acupuncture and physical therapy, claiming she has been feeling less pain. She is Diagnosed having lumbar spine sprain/strain with radiculitis, lumbar spine disc protrusions, cervical spine stain/ strain, cervical disc desiccation and protrusions, myospasms, right knee strain/strain, medial meniscus tear, joint effusion, chronic pain, depression, insomnia and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee rehab kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Per the MTUS guidelines, home exercise kits are recommended as an option. In this case however, there is no description of the exercise equipment. There is no mention of any instruction as well as the type and frequency of exercise in the medical records. There is no explanation as to why the injured worker would need such exercise kit versus simple isometric or isotonic exercise which is the standard home exercise program. Furthermore, it is not clear if the patient had prior training and is capable of applying the requested kit. Therefore, the right knee rehab kit for purchase is not medically necessary.

Cervical rehab kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Per the MTUS guidelines, home exercise kits are recommended as an option. In this case however, there is no description of the exercise equipment. There is no mention of any instruction as well as the type and frequency of exercise in the medical records. There is no explanation as to why the injured worker would need such exercise kit versus simple isometric neck exercise and range of motion exercise which are the standard home exercise. Furthermore, it is not clear if the patient had prior training and is capable of applying the requested kit without the risk of injury. Therefore, the cervical rehab kit for purchase is not medically necessary.

Lumbar rehab kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Per the MTUS guidelines, home exercise kits are recommended as an option. In this case however, there is no description of the exercise equipment. There is no mention of any instruction as well as the type and frequency of exercise in the medical records. There is no explanation as to why the injured worker would need such exercise kit versus simple aerobic exercise and core strengthening exercise, which are the standard treatment exercise. Furthermore, it is not clear if the patient had prior training and is capable of applying the requested kit. Therefore, Lumbar rehab kit for purchase is not medically necessary.