

Case Number:	CM14-0019799		
Date Assigned:	04/28/2014	Date of Injury:	10/22/2010
Decision Date:	03/03/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with an injury date of 10/22/2010. The documentation provided reported a procedure date of 07/28/2011 of which she underwent one of three ESWT shock therapy treatments. It is reported she has had failed conservative measures to include rest, ice, NSAIDS, physical therapy. She continues with persistent complaint of increased pain with repetitive use, flare ups of pain after lifting and pain at trapezius that radiates down right lumbar. A follow up examination dated 01/20/2014 as pending authorization for right shoulder surgery, pending QME examination and refilling medications. She is recommended off from work duties for 30-45 days and is diagnosed with spasm at cervical spine with radiculopathy and right rotator tear. A request for services dated 01/28/2014 asking for purchase of a cervical rehabilitation kit. The Utilization Review denied the request of 01/31/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rehab Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; HOME EXERCISE PROGRAM AND GYM PROGRAMS

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

Decision rationale: The MTUS Guidelines recommend the use of exercise. 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Although exercise is recommended, there are no indications that an exercise kit is medically necessary.