

Case Number:	CM14-0168517		
Date Assigned:	10/16/2014	Date of Injury:	10/15/2008
Decision Date:	02/13/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Practice 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:

This is a 64 years old male patient who sustained an injury on 10/15/2008. He sustained the injury due to lifting. The current diagnoses include cervical spine herniated nucleus pulposus, lumbar sprain, bilateral shoulder sprain, left knee sprain, sleep deprivation, stress, anxiety, depression and gastritis. Per the doctor's note dated 8/27/14, he had complaints of neck pain with radiation to bilateral upper extremities with weakness; lumbar spine pain with stiffness and spasm; bilateral shoulder pain, left knee pain and sleep deprivation, stress, anxiety and gastritis. The physical examination revealed cervical spine- paravertebral muscle spasm, range of motion- flexion 30, extension 40, right/left lateral flexion 30/30 and right/left rotation 70/70 degrees; bilateral shoulder- range of motion- abduction 160, adduction 10, forward flexion R/L 170/160, extension 20, internal rotation R/L 70/60 and external rotation 70 degrees, positive supraspinatus test bilaterally; thoracolumbar spine- paraspinal spasm, range of motion- flexion 80, extension 30, right/left lateral flexion 30/30 and right/left rotation 30/30 degrees, positive Kemp's test; left knee- medial and lateral joint line tenderness and positive McMurray's test. The medications list was not specified in the records provided. He has had lumbar MRI. He has had physical therapy visits, chiropractic care and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optimom Home spine rehab kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 01/30/15), Gym memberships

Decision rationale: ACOEM/ CA MTUS do not address this request. Therefore, ODG was used. Per the ODG guidelines, "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered....." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of specialized equipment is not specified in the records provided. Prior conservative therapy notes are not specified in the records provided. In addition, the cited guidelines state: "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The medical necessity for Optimom Home spine rehab kit is not fully established at this time; therefore, the request is not medically necessary.