

Case Number:	CM14-0173524		
Date Assigned:	10/24/2014	Date of Injury:	03/22/2012
Decision Date:	05/08/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old patient who sustained an industrial injury on 03/22/2012. A primary treating office visit dated 09/15/2014 reported subjective complaint of bilateral wrist pain, thumb, and left triggering. The following diagnoses are applied: cervical spine bilateral upper extremity PAD, lumbar spine surgery 2009, lumbar and thoracic bilateral extremity radiculitis. The patient is to return to modified work duty 09/19/2014. Refilled medications Prilosec, and recommending durable equipment exercise chair. Prior testing to include magnetic resonance imaging, rotator cuff repair 11/06/2013, and electric nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Resistance Chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), Exercise.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic pain. When seen, she was having pain throughout the spine. In this case, the claimant is expected to have had physical therapy. Compliance with a home exercise program would be expected would not required specialized equipment. Therefore, the requested exercise chair was not medically necessary.