

Case Number:	CM14-0179498		
Date Assigned:	12/31/2014	Date of Injury:	05/04/2014
Decision Date:	03/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

The injured worker is a 33 year old, female patient, who sustained an industrial injury on 05/04/2014. The initial doctor's report of occupational illness report dated 09/09/2014 reported subjective complaint of anxiety, insomnia, depression and pain in her shoulders, arms, elbows, forearms, mid/low back, hips, thighs, knees and legs. Objective findings showed cervical spine with tenderness, and spasm to palpation, over the paraspinal muscles, bilaterally. Cervical range of motion noted as painful and restricted. Bilateral shoulders are tender to palpation including spasm over the trapezius, supraspinatus, infraspinatus and bicipital groove muscles. Shoulder range of motion is found painful and restricted. Bilateral upper extremities with diffuse tenderness to palpation over bilateral arm, elbow and forearm. Her pelvis noted with tenderness over the bilateral hips and left sciatic notch. Left lower extremity showed tenderness to palpation over the left thigh and knee. Both the dorsal and lumbar spine found with tenderness, spasm over paraspinal muscles bilaterally. On 10/15/2014 a request was made for a lumbar rehabilitation kit purchase, knee rehabilitation kit purchase, and an elbow rehabilitation kit purchase. On 10/22/2014 Utilization review non-certified the request, noting the CA MTUS Medical Treatment Guidelines, Chronic Pain, and Exercise was cited. The injured worker submitted an application, on 10/29/2014, for independent medical review or requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rehab kit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The documentation notes the patient has chronic pain in the lumbar spine, bilateral knees and elbow. She has had multiple sessions of PT and now a "lumbar rehab kit" is being prescribed which is a rehab kit for a specific body part. After PT it is reasonable to have a HEP. There is no documentation to support the need for a specialized kit for home use to rehab the lumbar spine.

Knee rehab kit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The documentation notes the patient has chronic pain in the lumbar spine, bilateral knees and elbow. She has had multiple sessions of PT and now a "knee rehab kit" is being prescribed which is a rehab kit for a specific body part. After PT it is reasonable to have a HEP. There is no documentation to support the need for a specialized kit for home use to rehab the knees.

Elbow rehab kit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The documentation notes the patient has chronic pain in the lumbar spine, bilateral knees and elbow. She has had multiple sessions of PT and now a "elbow rehab kit" is being prescribed which is a rehab kit for a specific body part. After PT it is reasonable to have a HEP. There is no documentation to support the need for a specialized kit for home use to rehab the lumbar elbow.