

Case Number:	CM14-0204794		
Date Assigned:	12/17/2014	Date of Injury:	09/27/2012
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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:

According to the medical records the patient is a 51-year-old male driver of a sweeping truck who sustained an industrial injury on September 27, 2012. On the date of the injury the patient was standing outside of this sweeping truck at which time the truck was hit by a car. Due to the impact, the truck jerked sideways and struck the patient's legs. This resulted in the patient falling onto his back onto the sidewalk. The patient is diagnosed with cervical and lumbar sprain strain. Treatment to date has consisted of medications and physical therapy. October 24, 2014 request for cervical and lumbar exercise equipment notes that the kit includes exercise ball, air pump, backnobberII, band kit, and travel bag. According to physical therapy report dated October 24, 2014, the patient has completed six visits of therapy. Pain level is 7/10. The patient reports 30% improvement and would like to continue with therapy. Improvement in range of motion and ADL tolerance is noted. Utilization Review was performed on November 18, 2014 at which time the requested lumbar home exercise kit was noncertified. The prior peer reviewer pointed out that it is not clear that the contents of the kits are essential or beneficial to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for cervical and lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Exercise

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the patient is diagnosed with cervical and lumbar sprain/strain and has noted improvement in physical therapy. The medical records do not establish that the contents of the requested kits are necessary for the patient to safely and effectively engage in an independently applied home exercise program to consist of stretching, strengthening and range of motion exercises. The request for home exercise kit for cervical and lumbar is not medically necessary.