

Case Number:	CM14-0214617		
Date Assigned:	01/07/2015	Date of Injury:	08/30/2012
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and toe pain reportedly associated with an industrial injury of August 30, 2012. In a utilization review report dated December 15, 2014, the claims administrator denied a request for a home exercise kit. The claims administrator referenced progress notes and RFA forms of October 7, 2014 and November 19, 2014 in its determination. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant reported ongoing complaints of groin pain, abdominal pain, and left lower extremity neuropathic pain. The applicant was status post earlier herniorrhaphy surgery. The applicant has had Neurontin for pain relief. The applicant was receiving disability benefits in addition to Workers' Compensation Indemnity benefits, it was acknowledged. In a handwritten note dated October 2, 2014, the applicant was placed off of work, on total temporary disability. Residual pain about the right great toe was appreciated. The applicant was apparently asked to consult a podiatrist and obtain some sort of home exercise kit. Large portions of the progress note were difficult to follow. The applicant was, once again, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83, 309, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, back specific exercise machines, an article essentially analogous to the home exercise kit at issue here, are deemed "not recommended." Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 takes a position that, to achieve functional recovery, applicants must assume certain responsibilities, one of which included adhering to and maintaining exercise regimens. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants are expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider does not clearly outline in his handwritten October 2, 2014 progress note what the home exercise kit at issue represented and why the applicant was unable to perform self-directed home physical medicine of his own accord, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Home Exercise Kit is not medically necessary.