

Case Number:	CM15-0003626		
Date Assigned:	01/14/2015	Date of Injury:	08/26/2011
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Indiana, New York
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 35 year old male who sustained an industrial injury on 8/26/2011. He has reported neck and shoulder pain. The diagnoses have included cervical sprain/strain, cervical radiculitis, low back pain and shoulder strain. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation), acupuncture and medication management. Currently, the IW complains of neck and back pain and stiffness. Treatment plan included a home exercise program for the cervical spine and shoulder. On 12/24/2014, Utilization Review non-certified a home exercise program for the cervical spine and shoulder, noting the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Program for Cervical Spine, Shoulder: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home exercise program for the cervical spine and shoulder is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patients moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. The guidelines allow for fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. In this case, the injured worker's working diagnoses are cervical sprain/strain, neck; strain shoulder, unspecified site; cervical radiculopathy; and low back pain. Subjectively, the injured worker reports his neck and back up and locking up. VAS score is 8/10. Medications provide relief for a few hours. The injured worker reports physical therapy exercises to the shoulder cause more discomfort. Acupuncture was not helpful. Objectively, there is a normal gait and vital signs were normal, however, there were no other objective findings documented. Home exercises are initiated after physical therapy by the injured worker. The guidelines allow for fading of treatment frequency (up to three visits per week to one or less) plus active self-directed home physical therapy. The injured worker typically has exposure to the exercises during the physical therapy sessions and continues those exercises as part of physical therapy at home. Self-directed home physical therapy is part of the physical therapy regimen. Additionally, the documentation does not specify what type of home exercise program the injured worker is to undertake. Consequently, absent specifics for the home exercise program for the cervical spine and shoulder, home exercise program for the cervical spine and shoulder is not medically necessary.