

<b>Case Number:</b>	CM15-0004350		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: 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 38 year old female, who sustained an industrial injury on 1/22/2014. She has reported fall with blunt trauma to the head, neck and back. The diagnoses have included cervical disc degeneration, chronic myofascial pain syndrome, bilateral carpal tunnel and pain, numbness, and weakness of lower extremities, etiology undetermined. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and aquatic therapy. Currently, the IW complains of severe neck pain associated with intermittent radicular symptoms and chronic headaches. Physical examination documented cervical tenderness with muscle spasms and trigger points noted. Positive compressions test and positive distraction test. There was decreased sensation over C5 and C6 dermatome. The diagnoses included traumatic strain of cervical spine, cervical spondylosis and history of radiculitis of upper extremities. On 12/12/2014 Utilization Review non-certified a home exercise program for muscle stretching and daily swimming pool exercises, noting the review process does not pertain to independent activities such as home exercise. The MTUS and ODG Guidelines were cited. On 1/8/2015, the injured worker submitted an application for IMR for review of a home exercise program for muscle stretching and daily swimming pool exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Program: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-26 Page(s): 46-47.

**Decision rationale:** According to the MTUS exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. In this case the patient suffers from chronic pain. A home exercise program would be medically appropriate.

**Daily swimming pool exercises: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-26 Page(s): 46-47.

**Decision rationale:** According to the MTUS exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. In this case there is no evidence to support one exercise regimen over any other exercise regimen. The use of daily swimming pool exercises specifically are not medically necessary.