

Case Number:	CM15-0133283		
Date Assigned:	07/21/2015	Date of Injury:	07/25/2013
Decision Date:	08/17/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old female sustained an industrial injury to the neck, back and knee on 7/25/13. Previous treatment included physical therapy and medications. In a PR-2 dated 5/27/15, the injured worker complained of back pain with radiation to bilateral legs associated with numbness and tingling, bilateral buttock pain and neck stiffness. The injured worker rated her pain 6-7/10 on the visual analog scale. The physician noted that magnetic resonance imaging right knee report was pending. Physical exam was remarkable for tenderness to palpation to the upper trapezius and cervical spine paraspinal musculature as well as bilateral sacroiliac joints and lumbar spine paraspinal musculature. The remaining documentation of the physical assessment was difficult to decipher. Current diagnoses included patella tendonitis, facet arthropathy versus sacroiliac joint and cervical spine sprain/strain. The treatment plan included continuing medications (Baclofen, Naproxen Sodium and Neurontin) and requesting authorization for a right knee home exercise kit with installation for purchase, a right knee brace and a right wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee home exercise kit with installation for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg, home exercise kits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 45-46.

Decision rationale: The California MTUS section on exercise states: 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. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State,2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burlson, 2008) Physical therapy in warm- water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008) The California MTUS does recommend exercise in the treatment of chronic pain. The provided clinical records do not show a need for a specialized exercise kit over a home exercise program or supervised physical therapy. The California MTUS does not endorse a specific exercise kit. Therefore, the request is not certified.