

Case Number:	CM15-0133399		
Date Assigned:	07/21/2015	Date of Injury:	09/08/2013
Decision Date:	08/18/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/10/2015

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:

The injured worker is a 55 year old female with an industrial injury dated 09/08/2013. The injured worker's diagnoses include status post January 2015 left carpal tunnel release with left chronic median mononeuropathy at the wrist. Treatment consisted of prescribed medications, functional restoration program, and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported decrease pain. The injured worker rated pain a 2 to 3/10. The injured worker attributed the decrease in pain from the work hardening program. The injured worker reported that the left wrist pain is aggravated by wrist extension and she occasionally feels pain that runs up the left arm. Objective findings revealed negative Tinel's sign, full strength testing in the deltoid, triceps, supraspinatus and weakness in the extensor digit on the left. The treating physician prescribed services for physio ball (75 centimeters) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio ball (75 centimeters): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS chapter 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) The documentation for review shows the requested item has been prescribed as part of a home exercise program. Home exercise is recommended as a cornerstone of the treatment of chronic pain. Therefore the request is medically necessary.