

<b>Case Number:</b>	CM15-0133425		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This injured worker is a 55 year old female who reported an industrial injury on 9/6/2013 versus 9/8/2013. Her diagnoses, and or impression, were noted to include: persistent left median neuralgia and left wrist pillar pain; status-post left carpal tunnel release (1/27/2014). No current imaging studies were noted. Her treatments were noted to include: Carpal Tunnel Release in 1/2015; an agreed medical evaluation on 3/25/2015; a Work Hardening Program in 4/2015; a Functional Restoration Program, with Summary, that started on 4/7/2015 with graduating on 5/21/2015; medication management; and rest from work. The progress notes of 5/22/2015 reported a post-functional Restoration Program visit. Objective findings were noted to include that she demonstrated improvements in her physical and functional level and was able to perform a higher level of activities of daily living and work tasks. The physician's requests for treatments were noted to include 10 and 15 pound dumbbells as part of the exercise equipment necessary for her to remain active in light of her chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pair of dumb bells 10# and 15#:** 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.