

Case Number:	CM15-0142877		
Date Assigned:	08/03/2015	Date of Injury:	05/23/2001
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on May 23, 2001. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included x-rays, laboratory tests, medication, dexta scan, assistive device (cane) and physical therapy. Currently, the injured worker complains of increased pain in all joints. He reports increased pain, stiffness and weakness in the upper and lower extremities, hands, shoulders, wrists, elbows, hips, knees, feet and ankles. His pain is rated at 7 on 10. The injured worker is currently diagnosed with rheumatoid arthritis, diabetic neuropathy and polyarthritis or polyarthropathy of multiple sites (not otherwise specified). His work status is permanently disabled. The injured worker reports improvement in symptoms from Remicade, per note dated April 13, 2015. The injured worker reports his left knee is locking resulting in falls, per note dated July 2, 2015. The progress note also states the injured worker is not engaging in any activities due to the pain. It further states the injured worker experienced adequate relief from a TENS unit during physical therapy. A home exercise kit is requested to increase mobility and avoid contractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309.

Decision rationale: Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients, which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The home exercise kit is not medically necessary and appropriate.