

Case Number:	CM15-0147271		
Date Assigned:	08/10/2015	Date of Injury:	03/03/2009
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 3-3-2009. She reported falling onto her back, injuring her left shoulder and hitting her head. Diagnoses have included shoulder joint pain, myalgia and myositis, lumbosacral joint sprain and neck sprain. Treatment to date has included a Functional Restoration Program and medication. According to the Functional Restoration Program summary report dated 7-6-2015, the injured worker had completed 32 days of the program. The injured worker reportedly had done very well and demonstrated a high level of achievement. She demonstrated independence to safely participate in a home exercise program. Authorization was requested for EVA foam half roll, an agility ladder and a BOSU ball.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EVA foam half roll (3x36 in.): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, back, exercise programs.

Decision rationale: This claimant was injured in the year 2009 with shoulder joint pain, myalgia and myositis, lumbosacral joint sprain and neck sprain. The claimant completed a 32 day Functional Restoration Program and medication. The injured worker reportedly had done very well and demonstrated a high level of achievement. She demonstrated independence to safely participate in a home exercise program. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG provides a lengthy description of exercise programs, with no mention of exercise kits or specialist home exercise durable equipment. They cite: Recommended. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. It is noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would therefore not be essential to care of the injury. Therefore, I would not be able to endorse a certification based on this submission.

1 Agility ladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, back, regarding exercise programs.

Decision rationale: As shared previously, this claimant was injured in the year 2009 with shoulder joint pain, myalgia and myositis, lumbosacral joint sprain and neck sprain. The claimant completed a 32 day Functional Restoration Program and medication. The injured worker reportedly had done very well and demonstrated a high level of achievement. She demonstrated independence to safely participate in a home exercise program. Once again, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. As previously noted for other home equipment in this request, the ODG provides a lengthy description of exercise programs, with no mention of exercise kits or specialist home exercise durable equipment. They cite: Recommended. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising should be recommended. It is noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would therefore not be essential to care of the injury. Therefore, I would not be able to endorse a certification based on this submission.

1 BOSU ball (25 in., Pro Pack): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, back, regarding exercise program principles.

Decision rationale: This claimant was injured in the year 2009 with shoulder joint pain, myalgia and myositis, lumbosacral joint sprain and neck sprain. The claimant completed a 32 day Functional Restoration Program and medication. The injured worker reportedly had done very well and demonstrated a high level of achievement. She demonstrated independence to safely participate in a home exercise program. Again, for this home equipment item, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Recommended. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising should be recommended. It is again noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would therefore not be essential to care of the injury. Therefore, I would not be able to endorse a certification based on this submission.