

<b>Case Number:</b>	CM15-0182700		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/19/2005
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, 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 33 year old male injured worker suffered an industrial injury on 5-19-2015. The diagnoses included revision of thoracic spine fusion and fracture of the thoracic vertebra. On 8-25-2015, the treating provider reported residual pain in the thoracic spine that radiated down to the lower back. He reported he was able to tolerate the pain with medication that was Fexmid, Nalfon, Ultram and Norco. On exam, there was tenderness to the thoracic spine with diminished range of motion. The provider noted the injured worker was instructed to continue with home exercise program for back strengthening on a cautious basis. The medical record did not include evidence of physical therapy program that outlined a home exercise program. The Utilization Review on 9-9-2015 determined non-certification for Home exercise program, frequency and duration not specified related to thoracic spine injury as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Home exercise program, frequency and duration not specified related to thoracic spine injury as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In this case, the patient incurred an unspecified thoracic spine injury in 2005. The request is for a home exercise program (HEP), frequency and duration not specified. The patient has undergone physical therapy treatments in the past, which included instruction in a HEP to maintain gains achieved in formal therapy. A HEP is performed independently by the patient and thus does not require a separate authorization. The request is not medically necessary or appropriate.