

<b>Case Number:</b>	CM15-0033937		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46 year old male, who sustained an industrial injury on 06/20/2014. He has reported subsequent neck, back and shoulder pain and was diagnosed with right shoulder sprain/strain, rule out internal derangement and lumbar spine sprain/strain with degenerative osteosclerosis involving L5-S1. Treatment to date has included oral pain medication and physical therapy. The utilization review mentions several medical records that were reviewed, however the only medical documentation submitted at this level of review are MRI reports of the lumbar spine and upper extremities dated 07/28/2014 and a primary treating physician's report dated 07/29/2014. The primary treating physician's report indicates that the injured worker complained of right shoulder and low back pain. Objective findings were notable for tenderness to palpation of the lumbar paravertebral muscles, muscle guarding, spasm and reduced range of motion. Chiropractic treatments were recommended at this time. No medical documentation pertaining to the current treatment request was submitted. On 02/04/2015, Utilization Review non-certified a request for a lumbar home exercise kit, noting that the injured worker had significant physical therapy that should allow him to continue home rehabilitation without special equipment. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar home exercise kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 10-14.

**Decision rationale:** In this injured worker, physical therapy has already been prescribed as a self-directed home exercise program should be in place. Patient education regarding home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. The records do not support the medical necessity for a home exercise kit in this injured worker.