

<b>Case Number:</b>	CM15-0040908		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female, who sustained an industrial injury on 4/1/14. The injured worker was diagnosed as having cervical spine sprain/strain with C5-6 radiculopathy, leg pain with swelling and anxiety and depression. Treatment to date has included physical therapy, acupuncture and pain management. X-ray of right knee, ultrasound of lower extremities and (MRI) magnetic resonance imaging of cervical spine were performed. Currently, the injured worker states she has completed physical therapy visits for neck and right arm pain. The injured worker continues to have cervical spasm, tenderness and decreased range of motion to cervical area following physical therapy and acupuncture. The treatment plan included continuation of physical therapy, (MRI) magnetic resonance imaging of cervical spine (due to failure to improve with physical therapy), continuation of medications and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of knee rehab kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** According to MTUS guidelines, an exercise program is 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." "There is no clear documentation for the need of home exercise program. There is no documentation of disabling pain. In addition, the request does not address who will be monitoring the patient functional improvement. Therefore, the request for Purchase of knee rehab kit is not medically necessary.

**Purchase of cervical rehab kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** According to MTUS guidelines, an exercise program is 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." "There is no clear documentation for the need of home exercise program; the patient cervical range of motion was relatively preserved and there is no documentation of disabling pain. In addition, the request does not address who will be monitoring the patient functional improvement. Therefore, the request for Purchase of cervical rehab kit is not medically necessary.