

Case Number:	CM15-0053326		
Date Assigned:	03/26/2015	Date of Injury:	02/04/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 44 year old male, who sustained an industrial injury on February 4, 2013. The mechanism of injury is not clear. The injured worker was diagnosed as having history of right foot crush injury, cervical spine sprain/strain, lumbar spine sprain/strain, and thoracic spine sprain/strain. Treatment to date has included magnetic resonance imaging, transcutaneous electrical nerve stimulation. On January 28, 2015, he was seen for complaint of pain to the right foot, neck, dorsal spine, and low back. The records indicate he rates his pain as 7-8/10 on a pain scale, and that he does not take pain medications. The treatment plan included: orthotic shoes for the right foot, lumbar epidural steroid injections, transcutaneous electrical nerve stimulation, and chiropractic evaluation. The records indicate transcutaneous electrical nerve stimulation helps. The request is for a home exercise kit.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Exercise.

Decision rationale: The requested Home Exercise Kit, is not medically necessary. CA MTUS 2009 Chronic Pain Treatment, Exercise, Page 46-47 and Official Disability Guidelines, Low Back, Exercise, strongly recommend exercise as an integral part of a rehabilitation program; however, the guidelines do not specifically address exercise supplies. ODG Guidelines note that no evidence supports stretching as effective treatment for acute low back problems, but it may be used as part of an exercise program, and it may aid in prevention. The injured worker has pain to the right foot, neck, dorsal spine, and low back. The treating physician has not documented the constituent ingredients of the requested exercise kit. The criteria noted above not having been met, Home Exercise Kit is not medically necessary.