

Case Number:	CM15-0083070		
Date Assigned:	05/05/2015	Date of Injury:	04/04/2006
Decision Date:	06/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial/work injury on 4/4/06. He reported initial complaints of left elbow and right knee and right great toe pain. The injured worker was diagnosed as having pain in ankle/foot joint, lumbago, lumbar degenerative disc disease. Treatment to date has included medication, diagnostics, and Supartz injections. MRI results were reported on 6/1/09 that demonstrated mucoid degeneration versus postoperative changes in the medial and lateral menisci and chondromalacia patella with minimal effusion. MRI of 11/10/11 reported bony and disc degeneration at multiple levels, foraminal narrowing, greatest at L4-5 and L5-S1, right posterolateral L4-5 bulge with annular tear extending into the foramen. X-Rays results were reported on 9/7/12 that demonstrated minimal patellofemoral joint degenerative changes, first metatarsal joint degenerative joint disease, and moderately advanced degenerative disc changes, L4-5 mild disc space narrowing. Currently, the injured worker complains of painful right great toe rated 6/10. Per the primary physician's progress report (PR-2) on 4/7/15, the second Supartz injection increased range of motion. Examination revealed lumbar stiffness, tenderness with limited motion. Current plan of care included exercise kit, Norco, Nexium, and urine drug screen. The requested treatments include Home exercise kit for lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Durable medical equipment (DME), pages 297-298, 309.

Decision rationale: Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The Home exercise kit for lumbar is not medically necessary and appropriate.