

Case Number:	CM14-0118070		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2012
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified Family Medicine, and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant had an original date of injury of 2/28/2012 when a slip and fall accident occurred. Current diagnoses include ligamentous injury of lumbar/cervical spine, cervical disc disease, sleep disorder, anxiety, and depression. Treatment has included H-Wave Therapy, physical therapy, and medications. 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 Therapy 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 2014 online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Home Exercise Kit, Back, and Physical Therapy.

Decision rationale: CA MTUS is silent on the issue of Home Exercise Kits. Official Disability Guidelines (ODG) section on Knee states that a home exercise kit may be considered as an option. ODG section on Back includes recommendation for physical therapy including support for instruction in a home exercise program. However, there is no recommendation for any home

exercise equipment that would be of use in this recommended home exercise program. The request is non-specific and does not include any identifiers to indicate how such a home exercise kit would aid in the performance of a home exercise program, over a standard home exercise program. The home exercise kit is not medically indicated and the original UR denial is upheld as not medically necessary.