

Case Number:	CM15-0019812		
Date Assigned:	02/09/2015	Date of Injury:	09/01/2012
Decision Date:	07/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back, shoulder, knee, and wrist pain reportedly associated with an industrial injury of December 1, 2012. In a Utilization Review report dated January 14, 2015, the claims administrator failed to approve a request for an "active med kit" prescribed and/or dispensed on/or November 25, 2014. Non-MTUS Guidelines were invoked in the denial. The claims administrator contended that the request represented a request for a home exercise kit of some kind. The applicant's attorney subsequently appealed. On November 25, 2014, the applicant reported multifocal complaints of low back, neck, arm, hand, and finger pain. The applicant's low back and neck pain were particularly severe, it was reported. The applicant was on Ambien, Neurontin, naproxen, and Prilosec, it was reported. The applicant was returned to regular duty work. Multiple medications were renewed. The attending provider seemingly stated toward the bottom of the report that the applicant had returned to regular duty work as part of the IHSS program while stating in another section that the applicant had been unemployed since the date of injury. There was no seeming mention of the need for the exercise kit in question. In a separate note dated October 28, 2014, the applicant was placed off of work, on total temporary disability, by her shoulder specialist. Once again, the need for the rehabilitation kit or exercise kit was not detailed. On December 23, 2014, the applicant was placed off of work, on total temporary disability, through February 2015. Multifocal pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: DOS: 11/25/2014 for services provided: Active Med 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 309; 48, Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: No, the request for an active med kit was not medically necessary, medically appropriate, or indicated here. The request seemingly represented a request for a home exercise kit. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that back specific exercise machines, an article essentially analogous to the article at issue, are deemed "not recommended." Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note there is no recommendation for any one particular exercise regimen over another. Here, the requesting provider did not clearly state or clearly established what the active med kit/rehabilitation kit/home exercise kit in question represented and/or how said kit was needed to advance the applicant's activity level. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that an attending provider furnish a prescription for physical methods, which "clearly states treatment goals." Here, however, clear treatment goals and/or the attending provider did not set a clear or compelling need for the active med kit/rehabilitation kit in question forth. Therefore, the request was not medically necessary.