

Case Number:	CM15-0114738		
Date Assigned:	06/23/2015	Date of Injury:	04/13/2014
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 48-year-old male with an industrial injury dated 04/13/2014. The injured worker's diagnoses include status post contusion of the head/scalp on the right side, cervical spine sprain/strain, cervical radiculitis with radiculopathy to the upper extremities, lumbar spine sprain/strain, lumbar disc syndrome with myelopathy, lumbar disc syndrome with radiculitis/radiculopathy to lower extremities. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/17/2015, the injured worker reported low back pain, residual neck pain and anxiety. Objective findings revealed tenderness to palpitation of the cervical spine, paracervical, trapezius, supraspinatus, and infraspinatus. Decrease cervical and lumbar range of motion and tenderness to palpitation of the lumbar spine were also noted on exam. The treating physician requested purchase of home exercise kit now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain guidelines-exercise and pg 53.

Decision rationale: According to the guidelines, exercise is recommended including aerobic conditioning and strength exercises. In this case, the claimant was undergoing physical and chiropractor therapy. There was no indication for need of particular gym equipment. Exercise routine, plan for intervention and duration of need were not provided. The request for the home exercise equipment is not medically necessary.