MAXIMUS Federal Services

Case Number:	CM15-0176263		
Date Assigned:	09/17/2015	Date of Injury:	03/26/2013
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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, Florida, 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 injured worker is a 41 year old female, who sustained an industrial-work injury on 3-26-13. She reported initial complaints of low back pain and right sciatica. The injured worker was diagnosed as having lumbosacral neuritis, debility, and lumbago. Treatment to date has included medication and functional restoration program. Currently, the injured worker complains of lumbar pain. Per the functional restoration program progress notes on 8-18-5, pain management was improved during flare up, increased pincer grip strength to 19 pounds on the right and 16 on the left and met her crush grip at 71 pounds on the right and 75 pounds on the left, increased endurance in the 6 minute walk to 515 meters and advanced to level 3 posture-core exercises. Goals were discussed for a home exercise program. Current plan of care includes equipment for performing her home exercises. The Request for Authorization date was 8-27-15 and requested service that included Exercise equipment including exercise mat, adjustable cuff/wrist 5 pound weights, Thera Cane (curved fiberglass cane), balanced pad, foam log/roll round/ exercise ball, dumbbells (5 and 10 pounds) to be utilized during home exercise program. The Utilization Review on 9-3-15 denied the request since the IW is being treated and completed 32 days in the HELP outpatient interdisciplinary functional restoration program and has made significant progress with no indication of needing special equipment for a home exercise program, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise equipment including exercise mat, adjustable cuff/wrist 5 pound weights, Thera Cane (curved fiberglass cane), balanced pad, foam log/roll round/ exercise ball, dumbbells (5 and 10 pounds) to be utilized during home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, exercise programs.

Decision rationale: Key points for this review are: this claimant was injured in 2013 with lumbosacral neuritis, debility, and lumbago. Treatment included a full functional restoration program. Currently, the injured worker still complains of lumbar pain. The current plan of care includes equipment for performing her home exercises. The claimant however completed 32 days in the HELP outpatient interdisciplinary functional restoration program and made significant progress with no indication of needing special equipment for a home exercise program. The ACOEM guides, Chapters 12, 13 and 8 for the back, knee and neck were reviewed. The guides are silent in regards to this care request in this patient's clinical circumstances. Therefore, in accordance with applicable California statutes, other evidence-based sources will be examined. The ODG provides a lengthy description of exercise programs, with no mention of exercise equipment or kits such as requested here. They cite: There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. It is noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would not be essential to care of the injury, especially after completion of a full functional rehabilitation program. Therefore, I would not be able to endorse a certification based on this submission. The request is not medically necessary.