

Case Number:	CM15-0033874		
Date Assigned:	02/27/2015	Date of Injury:	08/18/2010
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

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 55-year-old female who reported an injury on 08/18/2010. The mechanism of injury involved a motor vehicle accident. The current diagnoses include chronic left cervical strain with radiculitis, lumbar strain, and carpal tunnel syndrome. The injured worker presented on 01/27/2015 with complaints of chronic neck and low back pain as well as left lower extremity and left wrist pain. Upon examination of the cervical spine, there was palpable muscle spasm, painful and decreased range of motion, facet tenderness, cervicotracheal ridge tenderness, and C5-7 radiculopathy bilaterally. The examination of the lumbar spine also revealed palpable muscle spasm with painful range of motion, limited range of motion, positive Lasegue's testing, positive straight leg raising at 40 degrees, 4/5 motor weakness, and decreased sensation in the L5-S1 distribution. A positive Tinel's and Phalen's sign was noted on the left as well as decreased grip strength. Recommendations included continuation of the home exercise program and the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low

Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back , Carpal Tunnel Syndrome, Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Home exercise kit.

Decision rationale: The Official Disability Guidelines recommend home exercise kits as an option where home exercise programs are recommended. In this case, the injured worker has participated in a previous course of active rehabilitation. Further clarification is needed if the injured worker has been previously educated in a home exercise program. The medical necessity has not been established in this case. As such, the request is not medically appropriate.