MAXIMUS Federal Services

Case Number:	CM15-0072809		
Date Assigned:	04/23/2015	Date of Injury:	10/30/2013
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: Iowa, Illinois, Hawaii Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 27 year old male, who sustained an industrial injury on 10/30/13. He reported initial complaints of lower back and leg pain. The injured worker was diagnosed as having cervical radiculopathy; lumbar radiculopathy; left knee internal derangement; bilateral shoulder arthropathy. Treatment to date has included physical therapy; chiropractic therapy; TENS unit; acupuncture; EMG/NCV bilateral upper extremities (12/21/13); MRI cervical and lumbar spine and right shoulder and left knee (12/30/13); MRI right shoulder (1/21/15); medications. Currently, the PR-2 notes dated 1/23/15 indicate the injured worker was in the office on this date as a follow-up from last visit 10/24/14. A new MRI of the right shoulder was done on 1/21/15, which revealed a right shoulder complete tear of the supraspinatus tendon with 5mm tendinous retraction in addition to the acromioclavicular osteoarthritis, and tendinosis of bicipital as well as infraspinatus muscle. He also complains of lower back pain radiating to his legs on and off in the mornings. The injured worker is currently taking prescribed naproxen and previously he was taking tramadol. Examination on this date demonstrates the injured worker is unable to reach above his head. In addition, there is tenderness noted over the right AC joint, SC joint, supraspinatus, and infraspinatus muscles. Orthopedic tests note shoulder abduction sign is positive, along with Impingement I, Neer test, Hawkin's test and Codman's test are all positive. Lumbar examination demonstrates lumbar spine paraspinous tenderness; bilateral straight-leg-raise and crossed straight-leg-raise test; femoral stretches for producing pain were all positive. The provider's treatment plan included the injured worker was to continue his home exercise and requesting a Lumbar Rehab Kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Rehab 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 (ODG), Knee & Leg, Exercise equipment; home exercise kits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercise.

Decision rationale: The MTUS and ODG state that home exercise programs are "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006)" Per both the MTUS and ODG, home exercise programs do benefit patients and are recommended. In this case, the medical records fail to outline the type of exercises recommended, education to instruct the patient on the exercises, how the treatments will be monitored and how the kit is necessary for his home exercise program. They also fail to document baseline data and goals for the treatments. Since it is unclear how the kit will benefit the patient's home exercise program and lack of documentation on the necessity for this kit, the request for Lumbar Rehab Kit is not medically necessary.