

Case Number:	CM15-0091128		
Date Assigned:	05/15/2015	Date of Injury:	02/03/2010
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 was a 67-year-old male, who sustained an industrial injury, February 3, 2010. The injured worker previously received the following treatments Pantoprazole, Aspirin and physical therapy. The injured worker was diagnosed with thoracic spine strain/sprain, cervical sprain/strain, and displacement of thoracic intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy at L4-L5 and L5-S1 and rotator cuff tendinitis bilaterally. According to progress note of March 17, 2015, the injured workers chief complaint was intermittent pain in the bilateral left greater than right shoulder, which, described as throbbing. The injured worker rated the pain at 5 out of 10. The cervical pain was described as aching. The pain was rated at 2 out of 10. The lower back pain was constant described as sharp and stabbing. The injured worker rated the pain at 5 out of 10. There was also numbness and tingling in the right greater than the left leg to toe. The injured worker was also having cramping in the feet and pain in the planter region. The physical exam noted normal slow gait. The exam of the upper extremities noted Codman drop arm test and Apley's scratch test was positive on both shoulders. The impingement maneuver revealed pain on both shoulders. There was tenderness noted of the paraspinals of C21-T1 muscle guarding and spasms bilaterally. Distraction with increased local pain, Jackson's compression testing and shoulder depressor test were positive on both sides. The C7-T12-L1 palpation revealed moderate paraspinal tenderness, muscle guarding and spasms bilaterally. Palpation revealed moderate tenderness at the upper trapezius bilaterally. The lumbar spine revealed tenderness of the T12-L5-S1 moderate paraspinal tenderness, muscle guarding and bilateral spasms bilaterally. The palpation revealed

moderate spinal tenderness, muscle guarding and spasms radiating to the bilateral legs, bilateral feet. The palpation revealed moderate tenderness at the facet joints referring to the waistline and buttock. The palpation reveals moderate tenderness at the S1 bilaterally. The palpation revealed moderate tenderness at the sciatic nerve bilaterally and the sciatic notch. The treatment plan included lumbar spine exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Durable medical equipment (DME), pages 297-298, 309.

Decision rationale: Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients, which is not indicated here. The patient continues to participate in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The Lumbar spine exercise kit is not medically necessary and appropriate.