

Case Number:	CM14-0026028		
Date Assigned:	06/13/2014	Date of Injury:	01/07/2013
Decision Date:	08/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of myofascial release therapy/massage therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for a home exercise kit to the lumbar spine. The bulk of the progress notes on file were physical therapy progress notes interspersed throughout 2013 and 2014. In a progress note dated April 30, 2013, the applicant was placed off of work, on total temporary disability. The applicant was not working as a deputy sheriff. 8-9/10 low back and thumb pain were noted. The applicant was on Motrin, Prilosec, and Ambien, it was suggested. The applicant was given a 6% whole person impairment rating via a medical-legal evaluation of October 23, 2013. The medical-evaluator suggested that the applicant return to regular duty work. It was unclear whether the applicant did in fact return to work. On April 26, 2013, the applicant's primary treating provider placed the applicant off of work, on total temporary disability, for an additional four weeks. On September 3, 2013, additional physical therapy was sought while the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. Authorization for a home exercise kit was later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME PHYSICAL THERAPY KIT FOR THE LUMBAR AND CERVICAL SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes taking responsibility for adhering to exercise and medication regimens. The home exercise kit being sought by the attending provider is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.