

Case Number:	CM13-0061754		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2009
Decision Date:	04/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 physician 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 patient is a 50-year-old male who reported an injury on 12/15/2011 due to cumulative trauma while performing normal job duties. The patient sustained multiple injuries to include a low back injury that ultimately resulted in foraminectomy and microdiscectomy. The patient was treated postsurgically with aquatic therapy and physical therapy with no significant improvements. The patient's most recent clinical findings included persistent low back pain with radiculopathy. Physical findings included tenderness to palpation along the paraspinal musculature and increased weakness in the lower extremities. The patient's diagnoses included disc herniation from the L3 through the S1 with bilateral stenosis and nerve compression at the L3 through the S1. The patient's treatment recommendations included physical therapy and revision of the microdiscectomy at the L3 through the S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Passive Motion Exercise device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, and Shoulder Chapter, Continuous Passive Motion (CPM).

Decision rationale: The requested Passive Motion Exercise Device is not medically necessary or appropriate. The Official Disability Guidelines only recommend a continuous passive motion machine for patients with adhesive capsulitis of the shoulder or who have undergone significant knee surgery to include total knee arthroplasty. The clinical documentation submitted for review does not provide any evidence to extend treatment outside of Guideline recommendations. Therefore, the need for a Passive Motion Exercise Device is not medically necessary or appropriate.

Water Circulating Cold Pad with pump for (Lumbar Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Pack Applications.

Decision rationale: The requested Water Circulating Cold Pad with Pump for (Lumbar Spine) is not medically necessary or appropriate. The Official Disability Guidelines do not support the use of a cryotherapy unit for lumbar injuries. The clinical documentation submitted for review does not provide any evidence that the employee would not respond to cold and heat pack applications. There is no documentation to support extending treatment beyond Guideline recommendations. As such, the requested Water Circulating Cold Pad with Pump for (Lumbar Spine) is not medically necessary or appropriate.