

Case Number:	CM14-0106590		
Date Assigned:	07/30/2014	Date of Injury:	07/23/2003
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 66-year-old female who reported injury on 07/23/2003. Prior therapies included physical therapy and surgical intervention. The mechanism of injury was not provided. The injured worker underwent a trigger finger release on 05/17/2013. The documentation of 01/29/2014 revealed the injured worker had trochanteric discomfort and pain consistent with bursitis on the right. There was tenderness and pain of the SI joint. The injured worker had difficulty crossing her legs. The injured worker had started therapy. The injured worker had subjective complaints of back pain and right hip trochanteric bursitis pain. The diagnosis included lumbar strain with right leg complaints, hip complaints, and trochanteric bursitis. The treatment plan included physical therapy, and if the injured worker's hip did not improve, cortisone injections would be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (pad): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The ACOEM Guidelines indicate that at home local applications of cold packs are appropriate in the first few days of acute complaints and thereafter the applications of a heat pack. There was a lack of documentation including a DWC Form RFA or PR2 submitted for the requested cold therapy unit pad. This request would not be supported. Given the above, the request for Cold Therapy Unit (pad) is not medically necessary.

Lumbar Exercise Kit: Upheld

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

Decision rationale: The Official Disability Guidelines recommend home exercise kits. However, there was a lack of documentation indicating the components for the home exercise kit per the submitted request. As such, this request would not be supported. There was no DWC form RFA or PR-2 for the submitted request. Given the above, the request for Lumbar Exercise Kit is not medically necessary.

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was no DWC Form RFA or PR2 submitted for the requested service. Given the above, the request for LSO Back Brace is not medically necessary.