

Case Number:	CM14-0109614		
Date Assigned:	08/01/2014	Date of Injury:	02/02/2006
Decision Date:	09/23/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 02/02/2006. The mechanism of injury was noted to be throwing a bag of trash. He had prior treatments of physical therapy, and diagnostic imaging. His diagnoses were noted to be cervical spine sprain/strain with radiculitis and lumbar spine sprain/strain with radiculitis. On 05/20/2014, the injured worker had a clinical evaluation. His subjective complaint was pain in the neck, back, and left arm. The objective findings include examination of the cervical spine. Tenderness was noted over the paraspinal muscles, trapezius and para scapular muscles, bilaterally. There was 3+ tenderness to palpation felt over the cervical spine processes from C4 through C7, bilaterally. Cervical compression test was positive, bilaterally. Shoulder depression test was positive bilaterally. The lumbar spine examination revealed 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base, bilaterally. Examination also revealed 3+ tenderness and spasm over the spinous processes from L4 through S1 bilaterally. Straight leg raise was positive at 75 degrees bilaterally with radicular pain down the lower extremity. Kemp's test was positive, bilaterally. There was 3+ pain with ranges of motion. The treatment plan indicated a follow-up with pain management, short course of physical therapy, X-Force unit for home and solar care. The rationale for the request was noted within the treatment plan. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 1, 98, 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that resolve in physical limitations for patients may require a patient education and modification to the home environment for prevention of injury, but environmental modifications are not considered medical in nature. Certain DME toilet items (commodes, bed pans, etcetera) are medically necessary if the injured worker is bed or room confined, and devices such as raised toilet seats, commode chairs, sits bath, and portable whirlpools may be medically necessary when prescribed as part of medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices such electric garage door opens, microwave ovens, and golf carts for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which can stand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in absence of illness or injury; and is appropriate for use in a patient's home. The injured worker's clinical evaluation does not note a medical necessity for the requested durable medical equipment. It is not documented within the evaluation that the injured worker has failed medication management. The guidelines allow for trial use of stimulators such as transcutaneous electrical nerve stimulation unit. Additional documentation on X-Force stimulator will be necessary for review; however, at this time the request for X-Force Stimulator for Home Use (DME) is not medically necessary.

Solar Care Heat Wave Unit for Home Use (DME): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 7, 127, 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that resolve in physical limitations for patients may require a patient education and modification to the home environment for prevention of injury, but environmental modifications are not considered medical in nature. Certain DME toilet items (commodes, bed pans, etcetera) are

medically necessary if the injured worker is bed or room confined, and devices such as raised toilet seats, commode chairs, sits bath, and portable whirlpools may be medically necessary when prescribed as part of medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices such electric garage door opens, microwave ovens, and golf carts for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which can stand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in absence of illness or injury; and is appropriate for use in a patient's home. The injured worker's clinical evaluation does not note a medical necessity for the requested durable medical equipment. It is not documented within the evaluation that the injured worker has failed medication management. Additional documentation on Solar Care Heat Wave Unit will be necessary for review; therefore, the request for Solar Care Heat Wave Unit for Home Use (DME) is not medically necessary.

Physical Therapy twice a week for 3 weeks (6 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider, such as verbal, visual, and/or tactile instruction. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow for up to 8 to 10 visits over 4 weeks. According to the clinical evaluation on 05/20/2014; the injured worker does not have functional deficits. In addition, failure of medication management has not been noted. Therefore, the request for Physical Therapy twice a week for 3 weeks (6 Visits) is not medically necessary and appropriate.