

Case Number:	CM14-0110677		
Date Assigned:	08/01/2014	Date of Injury:	01/10/2012
Decision Date:	09/12/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 01/10/2012 after moving a heavy object. The injured worker reportedly sustained an injury to his left upper extremity. The injured worker's treatment history included a subacromial left shoulder injection, physical therapy, and medications. The injured worker was evaluated on 06/12/2014. It was documented that the injured worker had continued pain complaints rated at an 8/10 to 9/10, reduced to a 2/10 to 3/10 with medication usage. Objective clinical findings included decreased range of motion with abduction of the left shoulder, tenderness to palpation causing radiating pain into the left upper extremity with 4/5 strength and elbow abduction and adduction. The injured worker's medications include Nabumetone, Pantoprazole, Diclofenac, Ketamine 5% cream, Lyrica 25 mg, Tizanidine HCL 4 mg, Lisinopril 20 mg and Metoprolol 50 mg. The injured worker's treatment recommendations included a self massage tool with the right hand to address left posterior shoulder pain and 12 sessions of chiropractic care. The injured worker's diagnoses included lateral epicondylitis, ulnar nerve lesion, and cervical brachial syndrome. A Request for Authorization dated 06/19/2014 was submitted for a self massage tool and 12 sessions of chiropractic care. A letter of appeal dated 06/30/2014 indicated that the request for a self massage tool was not authorized, as it is not customarily used to serve a medical purpose and would be advantageous to the injured worker in the absence of injury or illness. It was noted that the self massage tool was requested to be used with his right hand to address the left posterior shoulder to provide pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Self-massage tool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Treatment Index, 11th edition (web), 2013, Knee & Leg Chapter DME (Durable Medical Equipment).

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

Decision rationale: The requested 1 self massage tool is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends passive modalities as adjunctive treatments to active therapeutic rehabilitation. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of active therapeutic recovery that would benefit from the adjunctive treatment of a self massage tool. The clinical documentation does not provide any evidence that the injured worker has failed to respond to more traditional types of treatment such as hot and cold pack applications. Therefore, the need for a self massage tool is not clearly indicated within the documentation. As such, the requested self massage tool is not medically necessary or appropriate.