

Case Number:	CM14-0122395		
Date Assigned:	08/06/2014	Date of Injury:	10/05/2004
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 10/05/2004. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with low back and right leg pain. Current medications included Flector, Norco, Rozerem, fentanyl, and Valium. Upon examination, the injured worker had severe pain in the location of the prior fusion due to a possible hardware issue. She had ongoing back pain over the hardware and a significant antalgic gait. She ambulated with the use of a cane. Diagnoses were degenerative lumbar/lumbosacral intervertebral disc, lumbago, thoracolumbar neuritis/radiculitis unspecified, and spasm of muscle. Prior therapy included surgery, physical therapy, and medications. The provider recommended physical therapy, a Fisher Wallace stimulator, and a seated walker. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 4 Weeks: Upheld

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

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

Decision rationale: The request for Physical Therapy 2 Times a Week for 4 Weeks is not medically necessary. The California MTUS states that "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. 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." There was a lack of documentation indicating the injured worker's progress in physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, and there were no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.

Durable Medical Equipment (DME) -Fisher Wallace Stimulator: Upheld

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

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, Durable Medical Equipment.

Decision rationale: The request for Durable Medical Equipment (DME) -Fisher Wallace Stimulator is not medically necessary. The Official Disability Guidelines recommend "a device or system if there is a medical need. Durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the injured worker's home." The provider recommended a Fisher Wallace stimulator for use for insomnia and depression. There is a lack of documentation on if medication to treat insomnia and depression has been ineffective for the injured worker. The provider's rationale for needing a Fisher Wallace stimulator in place of traditional medications for treatment of insomnia and depression was not provided. As such, medical necessity has not been established.

Durable Medical Equipment (DME) -Seated Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Waling Aids

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, Seated Walker

Decision rationale: The request for Durable Medical Equipment (DME) -Seated Walker is not medically necessary. The Official Disability Guidelines recommend a "seated walker is

indicated for disability, pain, and age-related impairments. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Framed or wheeled walkers are preferable for injured workers with bilateral disease". There is no evidence of weakness or walking on the toes or heels, and the injured worker had a normal gait. There is a lack of documentation of weakness or instability noted that would warrant the need for a walker. As such, medical necessity has not been established.