MAXIMUS Federal Services

Case Number:	CM14-0057821		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2009
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Nevada. 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 records presented for review indicate that this 38 year-old individual was reportedly injured on 3/4/2009. The injury occurred while shoveling dirt. The most recent progress note dated 3/24/2014 indicates there are ongoing complaints of thoracic spine pain. No physical examination was performed/documented on this date of service. Diagnostic imaging studies include an MRI of the thoracic spine dated 4/23/2014 which reveals multilevel thoracic disc protrusions at T10-T11. Thoracic spinal cord deformity at T5-6 and T7-8 without cord signal abnormality. Previous treatment includes shoulder arthroscopy, physical therapy, medications, and conservative treatment. A request had been made for Gym Ball, Foam Roller, Foam Wedge Cushion and TheraCane and was not certified in the pre-authorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gym Ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter 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 (Acute & Chronic). Durable Medical Equipment. Updated 8/24/2014.

Decision rationale: Durable Medical Equipment such as a Gym Ball is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. After review of the medical guidelines as well as documentation submitted for review this request for a Gym Ball for a fully mobile, independent adult is deemed not medically necessary.

1 Foam Roll: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter 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 (Acute & Chronic). Durable Medical Equipment. Updated 8/24/2014.

Decision rationale: Durable Medical Equipment such as a foam roll is recommended generally if there is a medical need and it the device or system meets Medicare's definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. After review of the medical guidelines as well as documentation submitted for review this request for a foam roller for a fully mobile, independent adult is deemed not medically necessary.

1 Foam Bed Wedge Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Exercise, stretching and Yoga.

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

Decision rationale: The record indicates a diagnosis of chronic low back pain. The recommendation is for pharmacotherapy, and a foam wedge cushion. There is no documentation provided in the medical record indicating any type of subjective or objective clinical findings on physical exam that would necessitate the need for such a device. Also, there is no evidence-based guideline support for any of these types of lumbar support cushions/pillows. In the absence of clinical documentation noting evidence-based efficacy for the devices being requested, this request is not supported by the guidelines, and is deemed not medically necessary.

1 Thera-Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Backâ¿¯(Acute & Chronic) (updated 04/14/14).

Decision rationale: The TheraCane device is a deep pressure self-massaging device. The guidelines do not provide support for mechanical massage devices. When noting the type of device and the guideline position on mechanical devices for massage and that there is no documentation demonstrating efficacy of this handheld self-massaging device, this request is deemed not medically necessary.