

Case Number:	CM14-0075694		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2000
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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:

This 58 year old patient had a date of injury on 1/30/2000. The mechanism of injury was not noted. In a progress noted dated 4/25/2014, subjective findings included right shoulder pain, enlarged mass under the MRI of the right upper arm, triceps region. The patient also complains of right knee pain, stress, anxiety, neck pain that increases with activity. Low back pain with radiation to the low back and into lower extremities is present. On a physical exam dated 4/25/2014, objective findings included diminished flexion, extension, and tenderness to palpation. Diagnostic impression shows status post left knee arthroscopic surgery, postop right shoulder, lumbar spine HNP with radiculopathy, osteoarthritis of the left knee, major depression. Treatment to date: medication therapy, behavioral modification, surgery knee arthroscopy 2/21/2013A UR decision dated 4/29/2014 denied the request for Inversion Table, stating that the low back exam only noted undefined decreased range of motion with no indication of a radiculopathy or disc involvement that would be possibly affected by traction. There is no notation claimant has had any similar in office treatment with functional gains or therapeutic benefits. An inversion table is not likely to be recommended when a patient has had total knee replacement as the replacement joint is not meant to accommodate distractive forces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-lower back traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) low back chapter.

Decision rationale: MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG states that inversion therapy may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the progress note dated 4/25/2014, it was noted that the patient was able to function and perform ADLs on a daily basis as a result of the medical regimen and intermittent trigger point injections and facet injections. Furthermore, there was no discussion regarding if this request would be utilized as an adjunct to a program of conservative care to achieve functional restoration. Therefore, the request for inversion table is not medically necessary.