

Case Number:	CM14-0077180		
Date Assigned:	07/18/2014	Date of Injury:	05/10/2011
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 5/10/11. A utilization review determination dated 5/1/14 recommends non-certification of an inversion table trial. 4/22/14 medical report identifies right shoulder pain, bilateral elbow pain, bilateral wrist pain with popping on the right, slight swelling on the right hand fingers with pain and weakness, loss of grip strength, low back pain with pain and numbness radiating down the right leg to the foot. On exam, there is tenderness over the posterior superior iliac spines. A trial of an inversion table for home use was recommended. The provider also recommended physical therapy including the use of an inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table x 2 week trial - Bilateral Hands/Elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hands; Official Disability Guidelines, Low Back Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction.

Decision rationale: Regarding the request for an inversion table x 2 week trial, which is a form of gravity traction, California MTUS notes that traction has not been proved effective for lasting relief in treating low back pain. ODG notes that home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Within the documentation available for review, it was noted that, in addition to the inversion table trial, physical therapy sessions to include use of an inversion table were recommended. Given that the CA MTUS does not support the use of traction, there is no clear indication for a trial of an inversion table at home, especially since the patient will apparently already be trying the device during physical therapy. If there is significant benefit with its use during PT, then a home trial may be reasonable, but that has not yet been documented. In light of the above issues, the currently requested inversion table x 2 week trial is not medically necessary.