

Case Number:	CM15-0004626		
Date Assigned:	01/15/2015	Date of Injury:	08/05/2011
Decision Date:	04/14/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 64 year old female, who sustained an industrial injury on August 5, 2011. She has reported a slip and fall event and reported that she could not move her left leg. The diagnoses have included chronic low back pain, lumbar strain and lumbar degenerative disc disease. Treatment to date has included acupuncture, physical therapy and pain management. Currently, the injured worker complains of low back pain. She reported the pain as a 6 -8 on a 10-point scale. She reported that she tried Aleve when she had a flare-up and it helped her to improve. When she takes medication the pain is reported as a 2 on a 10-point scale. On examination, the injured worker's gait was normal and her sitting and standing posture was normal. Her range of motion was restricted with flexion limited due to pain. On palpation, paravertebral muscles, spasm and tight muscle band is noted on both sides. Straight leg test was negative. The evaluating physician requested a Thera Cane for assistance in stabilizing/ immobilizing the joint. The DME was felt to help improve function, increase her range of motion and reduce pain and swelling. The evaluating physician also requested a medically-supervised active therapy and the establishment of a home exercise program. On December 12, 2014 Utilization Review non-certified a request for a Thera Cane and eight physical therapy sessions for the low back noting that there was no documentation substantiating that the durable medical equipment was clinically appropriate in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's injury, illness or disease and no documentation of a significant event that has led to a flare-up of symptoms initially unresponsive to home exercise. The MTUS and Non-MTUS guidelines were cited. On January 8, 2015, the

injured worker submitted an application for IMR for review of a Thera Cane and eight physical therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The requested Thera Cane, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability or other demonstrated ambulatory dysfunction. The injured worker has low back pain. The treating physician has documented the injured worker's gait as normal and her sitting and standing posture was normal. Her range of motion was restricted with flexion limited due to pain. On palpation, paravertebral muscles, spasm and tight muscle band is noted on both sides. Straight leg test was negative. The treating physician has not documented evidence of the above-referenced criteria. The criteria noted above not having been met, Thera Cane is not medically necessary.

Physical therapy x 8 for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical therapy x 8 for low back, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain. The treating physician has documented the injured worker's gait as normal and her sitting and standing posture was normal. Her range of motion was restricted with flexion limited due to pain. On palpation, paravertebral muscles, spasm and tight muscle band is noted on both sides. Straight leg test was negative. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy.

sessions. The criteria noted above not having been met, Physical therapy x 8 for low back is not medically necessary.