

<b>Case Number:</b>	CM15-0004926		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 57-year-old male who reported an injury on 12/11/2007. The mechanism of injury was not provided. His diagnoses were noted to include lumbar or lumbosacral degenerative disc disease, lumbago, and issue repeat prescriptions. Past treatment was noted to include medications, physical therapy, a TENS unit, and injections. On 10/31/2014, it was indicated the injured worker had complaints of pain to his low back and buttock. He rated his pain 7/10. Upon physical examination, it was indicated the injured worker had tenderness from the L4-S1 paraspinal musculature and left upper buttock. His range of motion to his low back measured extension 10 degrees. The treatment plan was noted to include a urine drug screen and medications. A request was received for Palliative physical therapy 2 x 2, a 4 Point cane, and Replacement of orthopedic shoe gear x 2 pairs without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Palliative physical therapy 2 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** According to the California MTUS Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines also indicate no more than 10 visits should be necessary unless exceptional factors are noted. The clinical documentation submitted for review did indicate the injured worker had decreased range of motion on extension to his lumbar spine; however, there were no other objective findings regarding range of motion. It was also not indicated how many visits of physical therapy he has previously participated in to warrant additional services. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a body region. As such, the request for Palliative physical therapy 2 x 2 is not medically necessary.

**4 Point 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, 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) Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** According to the Official Disability Guidelines, walking aids are recommended. The clinical documentation submitted for review did not indicate a rationale or need for such a device. Consequently, the request is not supported by the evidence based guidelines. As such, the request for 4 Point cane is not medically necessary.

**Replacement of orthopedic shoe gear x 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 14 Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices

**Decision rationale:** According to the California MTUS Guidelines, rigid orthotics may reduce pain experienced during walking. More specifically, the Official Disability Guidelines indicate that orthotic devices are recommended for plantar fasciitis or foot pain in rheumatoid arthritis. The clinical documentation submitted for review did not indicate the injured worker had plantar fasciitis or foot pain in rheumatoid arthritis. Additionally, the documentation did not indicate the benefit he received from his orthopedic shoe gear and a rationale for the replacement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Replacement of orthopedic shoe gear x 2 pairs is not medically necessary.