

Case Number:	CM15-0005794		
Date Assigned:	01/26/2015	Date of Injury:	04/24/2007
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old female, who sustained an industrial injury on 4/24/2007 caused by a trip and fall. The diagnoses have included chondromalacia of the patella, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, displacement of the intervertebral disc without myelopathy, spinal stenosis in the cervical region, sprain of the neck and sprain/strain of the hip and thigh. Treatment to date has included surgical intervention including a left shoulder arthroscopy dated 9/22/2009. Magnetic resonance imaging (MRI) of the shoulder dated 9/10/2014 confirmed a full thickness supraspinatus tendon tear. Currently, the IW complains of marked tenderness to palpation over the trochanter, bursae, tensor fasciae latae and iliotibial bands. Objective findings include a positive Ober's test. Faber's test to bilateral hips is positive and elicits low back pain. She ambulates with an altered gait. Cervical spine evaluation revealed tenderness to palpation with muscle spasm over the trapezius muscles and paravertebral musculature. Axial compression test is positive. Active range of motion is decreased. On 12/18/2014, Utilization Review non-certified a request for chiropractic manipulation of the left hip (2x4) and purchase of a leg spacer pillow noting that the clinical findings do not support the medical necessity of the treatment. There is no documentation of a home exercise program or functional improvement. The MTUS and ODG were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of chiropractic manipulation of the left hip (2x4) and purchase of a leg spacer pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation For The Left Hip, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Pain section, Manipulation

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic manipulation left hip two times per week times four weeks not medically necessary. Manipulation is manual therapy that moves the joint beyond the physiologic range of motion but not beyond the anatomic range of motion. It is indicated for pain and adhesions. Several studies of manipulation have looked at duration of treatment and showed measured improvement within the first few weeks or 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Manipulation is a passive treatment. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Active treatments allow for fading of treatment frequency along with active self-directed home physical therapy. Massage therapy is recommended, however treatment should be an adjunct to other recommended treatment (exercise). In this case, the injured worker's working diagnoses are chondromalacia of the patella; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; displacement of the cervical intervertebral disc without myelopathy; spinal stenosis in the cervical region; sprain of the neck; contusion of the elbow and knee; and sprains and strains of hip and thigh. Subjectively, the November 24, 2014 progress note reports the injured worker sleeps poorly due to pain, is unable to lie on her back and has bilateral hip pain from sleeping on her sides. She complains of neck pain with radicular symptoms in the upper extremities and has low back pain with shooting lower extremity pain. Examination of the hips reveals marked tenderness palpation over the trochanteric bursa, tensor fascia lataea. There is no documentation in the medical record regarding prior acupuncture, physical therapy or chiropractic treatment in the medical record. There is no documentation indicating the injured worker is engaged in any active treatment modality such as home exercise therapy or physical therapy. The use of active treatment modalities instead of passive treatments (chiropractic manipulation) is associated with substantially better clinical outcomes. Active treatments allow for fading treatment frequency along with active self-directed home physical therapy. Passive treatments are recommended, however, these treatments should be an adjunct to other recommended treatments (exercise). The injured worker is not engaged in any active exercise treatments. Consequently, absent an active treatment modality in association with manipulation, chiropractic manipulation left hip two times per week times four weeks is not medically necessary.

DME Purchase- Leg Spacer Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG, Treatment Index, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, DME

Decision rationale: Pursuant to the Official Disability Guidelines, durable medical equipment (DME) leg spacer pillow is not medically necessary. DME is recommended generally there is a medical need and the device or system needs Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. A leg spacer pillow is designed to help relieve pressure and strain on the lower back, hips, knees and ankles. In this case, the injured worker's working diagnoses are chondromalacia of the patella; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; displacement of the cervical intervertebral disc without myelopathy; spinal stenosis in the cervical region; sprain of the neck; contusion of the elbow and knee; and sprains and strains of hip and thigh. Subjectively, the November 24, 2014 progress note reports the injured worker sleeps poorly due to pain, is unable to lie on her back and has bilateral hip pain from sleeping on her sides. She complains of neck pain with radicular symptoms in the upper extremities and has low back pain with shooting lower extremity pain. Examination of the hips reveals marked tenderness palpation over the trochanteric bursa, tensor fascia lataea. The leg spacer pillow does not meet the DME definition as defined by Medicare. DME is primarily and customarily used to serve a medical purpose. The leg spacer pillow is designed to help relieve pressure and strain on the lower back, hips, knees and ankles. It does not primarily serve the medical purpose. Additionally, the pillow is useful to a person in the absence of illness or injury. Consequently, absent clinical documentation meeting the definition for DME, durable medical equipment leg spacer pillow is not medically necessary.