

Case Number:	CM15-0191733		
Date Assigned:	10/05/2015	Date of Injury:	09/08/2010
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/29/2015

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: Family Practice

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 35-year-old male with a date of industrial injury 9-8-2010. The medical records indicated the injured worker (IW) was treated for joint pain, left lower extremity; degeneration of lumbar disc; and myofascial pain. In the [REDACTED] notes (8-10-15 to 8-12-15), it was reported the IW did outstandingly well and he was free to return to work without restrictions. He demonstrated the capability to manage his chronic pain independently and to safely participate in an independent home exercise program (HEP). His functional tolerance for pulling, pushing, carrying and lifting was improved. As part of his HEP, it was recommended he obtain a foam half roll, to be used for postural feedback, positional release and various tonic exercises. The durable medical equipment would enable the IW to "continue effectively managing his symptoms and making functional progress outside of the functional restoration program". Functional progress was documented in Appendix 2; the IW's carrying and lifting ability, standing, walking and sitting tolerance and ability to push and pull all improved with his treatment. A Request for Authorization was received for a half-roll foam roller. The Utilization Review on 8-26-15 non-certified the request for a half-roll foam roller.

IMR ISSUES, DECISIONS AND RATIONALES

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

1/2 roll foam roller: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/ Foam rollers.

Decision rationale: According to ODG, Foam rollers are recommended for range of motion, but not recommended for increased athletic performance. In this case, the medical records note that the injured worker has participated in a functional restoration program and has benefited from utilization of a foam roller. The MTUS guidelines with regards to physical medicine state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical records support the request for a foam roller to allow the injured worker to effectively perform a home exercise program. Therefore, the requested treatment is medically necessary.