

Case Number:	CM15-0026173		
Date Assigned:	02/18/2015	Date of Injury:	01/18/2013
Decision Date:	05/19/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: Physical Medicine & Rehabilitation

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 56-year-old female who sustained an industrial injury on January 18, 2013. The mechanism of injury involved a fall. She has reported right knee and left lower extremity pain and has been diagnosed with chronic left leg/knee/calf/buttock/low back pain, status post blunt trauma left hip/leg/knee, panic attacks, and hypertension. Treatment has included medical imaging, physical therapy, and medications. The injured worker presented on 01/05/2015 for a follow up evaluation. The injured worker presented with complaints of 4/10 pain. The current medication regimen includes Paxil, Requip, and hydroxyzine. Upon examination, the injured worker was able to stand erect with maintenance of relatively normal posture. The injured worker demonstrated a nonantalgic gait; however, reported increased pain associated with normal walking. Lumbar range of motion was documented at 45 degree flexion. The injured worker showed evidence of trigger points and tenderness in the gluteus maximus and medius with focal tenderness over the insertion of the gluteus medius into the greater trochanter. Neurological examination revealed normal findings. Recommendations at that time included physical therapy twice per week for approximately 6 weeks as well as durable medical equipment. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2x weekly, low back/left hop, left leg, right knee, left lower calf: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. In addition, the injured worker has been previously treated with a course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Given the above, the request is not medically appropriate.

Tennis ball on a stick, unspecified if purchase or rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no documentation of a significant musculoskeletal or neurological deficit. It is unclear how the requested durable medical equipment will significantly alter the injured worker's current condition or improve function. As the medical necessity has not been established, the request is not medically appropriate.

Thera cane, unspecified if purchase or rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no documentation of a significant musculoskeletal or neurological deficit. It is unclear how the requested durable medical equipment will significantly alter the injured worker's current condition or improve function. As the medical necessity has not been established, the request is not medically appropriate.

Knobber, unspecified if purchase or rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no documentation of a significant musculoskeletal or neurological deficit. It is unclear how the requested durable medical equipment will significantly alter the injured worker's current condition or improve function. As the medical necessity has not been established, the request is not medically appropriate.