

Case Number:	CM15-0056727		
Date Assigned:	04/01/2015	Date of Injury:	01/20/2010
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania

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 34 year old male who has reported widespread pain and mental illness after multiple gunshot wounds on 1/20/10. The diagnoses have included lumbago, sciatica, chronic pain syndrome, neuropathy, right foot drop, depression, abdominal adhesions, and reflex sympathetic dystrophy of a lower limb. Treatment to date has included medications, many surgeries, psychotherapy, injections, massage therapy, acupuncture, and many medications. There have been multiple left lower leg and abdominal surgeries. Lower extremity electrodiagnostic testing on 3/10/14 showed bilateral, severe peroneal and tibial nerve injury. The injured worker has taken high dose opioids chronically. Per the pain management physician reports in 2014, the injured worker was ambulating without a device with a normal gait. Reports from the primary treating physician during 2014-2015 have repeated requests for a gym membership, noting a low risk of injury. The specific indications for exercise at a gym were not described. Pain was widespread and included the lower extremities and pelvic region. Mention was made of massage which provided unspecified benefit or number of visits. He is reported to tolerate limited walking. He is reported to be 100% disabled but able to perform some amount of activities of daily living [no reports address this in much detail]. On 11/18/14 a smaller motorized scooter was requested in addition to his larger scooter, to allow for greater mobility. The widest boots available were requested to accommodate orthotics. 8 visits of massage were requested for pain control and "mobilization" of the low back and pelvic region, noting a prior authorization for one visit per month. A gym membership was requested. Gait was "guarded". Per the PR2 of 3/3/15, recent massage reduced spasm, reduced medications, and increased

activity [no details given for any of these assertions]. A smaller scooter is needed to get around the house. Pain was present with prolonged standing and walking. He was stated to usually use a cane. The Request for Authorization was for orthotics, a cane for support and comfort, wide boots, a small scooter, a pool/gym membership, massage, and bed adjustments. The same medications were continued. The report of 3/15/15 does not address the medical necessity for the requests with any additional information but objects to the Utilization Review decisions. On 3/10/15 Utilization Review non-certified a cane, boots, a gym membership, and a scooter. Massage therapy was partially certified. Orthotics, bed adjustments, docusate, senna, oxycodone, and hydromorphone were certified. Note was made that a second cane was not necessary. There was no indication for boots. The gym membership was not indicated per guidelines. There were no indications for the scooter. Massage was indicated for fewer visits per guidelines. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase - cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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

Decision rationale: The MTUS does not address the use of canes for chronic painful conditions. The Official Disability Guidelines cited above recommend canes and other walking aids for knee and lower extremity pain. The treating physician has provided few details regarding the cane, but it is clear from the many reports that this injured worker has chronic pain and neuropathy in both lower extremities after significant injuries. The cane is medically necessary. The Utilization Review is overturned, as the Utilization Review did not address the specific medical necessity but instead addressed the possible presence of a prior cane and the possible lack of need for another cane.

DME purchase - wide boots bigger size: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle chapter: shoes and Knee chapter: shoes.

Decision rationale: The treating physician has stated that wider boots are needed to accommodate the current foot orthotics. The medical necessity for these orthotics is not an issue for this Independent Medical Review; the orthotics are presumed to be in use and medically necessary. Orthotics can require extra space in footwear, as is apparently the case here. Although guidelines do not address this specifically, orthotics occupy space and can require modifications to footwear. The wider boots are medically necessary based on the need to accommodate the orthotics, as explained by the treating physician. The Utilization Review is overturned, as the Utilization Review did not address the indications for the boots as explained by the treating physician.

Pool/gym membership (1 year): 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), Gym membership.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 309, Chronic Pain Treatment Guidelines Physical Medicine Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Knee chapter, Gym memberships.

Decision rationale: The MTUS, Chronic Pain section, makes a number of recommendations for Physical Medicine. The MTUS recommends progression to home exercise after supervised active therapy. "Home" exercise is recommended, not a gym. There are no medical reports which provide a satisfactory explanation why a gym membership is necessary rather than exercise performed elsewhere. The treating physician seems to refer to a gym membership as necessary due to the significant injuries and ongoing pain. However, the treating physician has provided no formal exercise program, no discussion of specific activities, which require attendance at the gym, and no plan for monitoring of gym activities. There are no medical reports which provide a satisfactory explanation why a gym membership is necessary rather than exercise performed elsewhere. There are no necessary exercises for the back, pelvis, or lower extremities, which can only be performed in the gym. Medical necessity, if any, is based on the requirement that this or any other patient must have access to specific exercise modalities only available in the gym. The ACOEM Guidelines, pages 298ff, do not make any recommendation for gym memberships as treatment for low back conditions. Back-specific exercise machines are specifically "Not Recommended" in the ACOEM Guidelines page 309. The MTUS for chronic pain does not provide direction for using a gym, although it does state that no specific exercise is better than any other for chronic pain. The Official Disability Guidelines, cited above, state that gym memberships are "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." None of these criteria have been met in this case. A gym membership is not medically necessary unless there is a specific exercise which is medically necessary and which can only be performed in such a facility. A gym membership is not medically necessary based on lack of medical necessity, per the lack of a specific and detailed prescription from the treating physician.

DME purchase - small scooter: 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), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Power mobility devices (PMDs).

Decision rationale: The MTUS does not address powered mobility devices. The Official Disability Guidelines citation above states "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." This injured worker meets the definition of a person with mobility using a cane or other assistive device that would not need a motorized device. The records do not show that there are major deficits to ambulation such that a motorized device is required. And as stated in the guideline, activity should be encouraged and is part of the recovery process. One of the treating physicians has described a normal gait. The primary treating physician has not provided specific details of gait and functional deficits that require a motorized device rather than a progressive activity program using simple devices like a cane. Therefore, this request is not medically necessary.

Massage therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The MTUS, Chronic Pain section, recommends active therapy rather than passive care. Functional improvement is the goal rather than the elimination of pain. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. The treating physician has not addressed the number of visits completed to date, and it appears that the massage visits to date greatly exceed the 4-6 visits recommended in the MTUS. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. There are no reports showing significant benefit, both symptomatically and functionally, after completion of the prior massage visits. Any references to pain relief and functional improvement are non-specific and not quantified or measured against any baseline.

The injured worker continues to be described as 100% disabled. Massage therapy is not medically necessary based on lack of an associated, specific active therapy and exercise program; lack of information about the quantity and results of prior therapy, and the lack of significant symptomatic and functional improvement from massage already completed.