MAXIMUS Federal Services

Case Number:	CM14-0218954		
Date Assigned:	01/09/2015	Date of Injury:	04/23/1990
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: Emergency 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 47 year old female, who sustained industrial injuries on a cumulative trauma basis from 04/23/1990-07/06/2012. Official date of injury was listed as 04/23/1990. She has reported subsequent bilateral knee and lower back pain. MRI of the lumbar spine revealed central bulging from L2-S1 and left S1 radiculopathy. MRI of the left knee showed an oblique tear and partial thickness radial tear at the posterior horn of the medial meniscus and MRI of the right knee showed a subtle radial tear in the posterior horn of the medial meniscus and in mid zone of the lateral meniscus. The diagnoses have included lumbosacral strain, bilateral patellofemoral chondromalacia, lumbar radiculopathy and internal derangement of the knee. Treatment to date has included oral pain and anti-spasmodic medication and chiropractic therapy. Currently the IW complains of worsening bilateral knee pain with only temporary relief from chiropractic therapy. Crepitus was noted with range of motion of the knees with a positive bilateral McMurray's test. Paravertebral muscles in the thoracolumbar spine were noted to be tender to palpation with spasm and restricted range of motion. The IW reported that an oscillating massager had provided some relief at the chiropractic office so the treating physician noted on the most recent PR-2 that an oscillating massager was being requested.On 12/04/2014, Utilization Review non-certified a request for a Jeanie Rub oscillating massager, noting that the use of mechanical massage devices are not recommended. ACOEM guidelines for low back pain complaints were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Jeanie Rub oscillating massager: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142-143.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back

Decision rationale: As per MTUS ACOEM Guidelines and ODG guidelines, mechanical massage devices are not recommended. There is no evidence to support efficacy. Only manual massage from a trained therapist in combination with exercise is a potential option. Massage devices are not medically necessary.