

Case Number:	CM15-0017721		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2013
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii
 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 26 year old female, who sustained an industrial injury on May 7, 2013. She has reported injury to the right upper extremity inclusive of the elbow, forearm, wrist and digits. The diagnoses have included bilateral cubital tunnel syndrome, repetitive stress injury of the bilateral upper extremity and bilateral radial tunnel syndrome. Treatment to date has included diagnostic studies, home exercises, physical therapy and medication. On October 6, 2014, she complained of symptoms in her right upper extremity from her elbow distal to her hand. The symptoms were characterized as achy and stiff. She also reported that her wrist pops on occasion. These symptoms were improved with massage, stretching and medications and worsened with repetitive activities. On January 8, 2015, the injured worker reported mild improvement in her symptoms. Notes stated that she exhausted all of her therapy and is approaching maximum medical improvement. On January 16, 2015, Utilization Review non-certified one home massage roller/permanent at home edge tool, noting the California Chronic Pain Medical Treatment Guidelines and Non-MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review for review of one home massage roller/permanent at home edge tool.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home massage roller/permanent at home edge tool: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic pain: Massage/Myotherapy, Exercise and Stretching.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Exercise equipment, Medicare DME:
<http://www.medicare.gov/Pubs/pdf/11045.pdf>

Decision rationale: The patient presents with achy stiffness in her right upper extremity from her elbow distal to her hand. The current request is for 1 home massage roller/permanent at home edge tool. The treating physician states on 1/8/15 (B110) "The patient is approaching maximum medical improvement. I do feel that she would benefit from a home massage roller." The physician continues on 1/26/15 (B125) that the "massage roller will help assist the patient in promoting pain relief and provide utmost relaxation. This will enable her to pacify her multiple pain symptomatology, thereby achieving physical comfort." MTUS, ACOEM and the ODG do not specifically address home massage roller/permanent at home edge tool. ODG under durable medical equipment states, "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." Medicare defines durable medical equipment as "reusable medical equipment such as walkers, wheelchairs, or hospital beds." In this case, the treating physician has prescribed 1 home massage roller/permanent at home edge tool which the treating physician feels is medically necessary. This treatment is "reusable" and thus fits the definition of DME as defined by Medicare. Therefore, the current request is medically necessary and the recommendation is for authorization.