

Case Number:	CM15-0110951		
Date Assigned:	06/17/2015	Date of Injury:	03/07/2013
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 71-year-old female patient who sustained an industrial injury on 03/07/2013. A primary treating office visit dated 02/05/2015 reported multiple areas of pain and discomfort. She is participating in physical therapy. She is to begin chiropractic session, continue with medications Naproxen, Ultram, and Pantoprazole. The patient is to remain off from work through 04/15/2015. She was prescribed physical therapy beginning 04/24/2015. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seated Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee State, Durable Medical Equipment.

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

Decision rationale: The requested Seated Walker is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG) - Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. The injured worker has multiple areas of pain and discomfort. She is participating in physical therapy. She is to begin chiropractic session, continue with medications Naproxen, Ultram, and Pantoprazole. The treating physician has not documented evidence of the above-referenced criteria. The criteria noted above not having been met, Seated Walker is not medically necessary.

Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The requested Lumbar Support is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, notes "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has multiple areas of pain and discomfort. She is participating in physical therapy. She is to begin chiropractic session, continue with medications Naproxen, Ultram, and Pantoprazole. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Support is not medically necessary.

Physical therapy for the lumbar, cervical and left shoulder, twice a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The requested Physical therapy for the lumbar, cervical and left shoulder, twice a week for four weeks is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommends continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has

multiple areas of pain and discomfort. She is participating in physical therapy. She is to begin chiropractic session, continue with medications Naproxen, Ultram, and Pantoprazole. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the lumbar, cervical and left shoulder, twice a week for four weeks is not medically necessary.