MAXIMUS Federal Services

Case Number:	CM15-0121330		
Date Assigned:	07/02/2015	Date of Injury:	10/14/2009
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back, foot, and ankle pain reportedly associated with an industrial injury of October 14, 2009. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for car lift attachment for scooter transport and also failed to approve a request for six sessions of massage therapy. Order forms dated May 7, 2015 and May 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of shoulder and ankle pain, exacerbated by overhead reaching. The applicant was using four to five tablets of Norco daily, it was reported. The applicant reported difficulty sleeping secondary to worsening shoulder pain complaints. Prolonged walking remained problematic, it was stated. The applicant was placed off of work, on total temporary disability, while Norco was renewed. The attending provider sought authorization for a car attachment for scooter and an additional eight sessions of physical therapy. The attending provider stated that the applicant needed a scooter to improve his ambulation duration and distance. The applicant's BMI was 38, it was reported. The applicant exhibited heavy calluses about the toes, it was reported. The applicant apparently exhibited an antalgic gait in the clinic. This was not described, detailed, or expounded upon, however. The applicant did exhibit normal muscle bulk and tone, it was reported, with 5/5 bilateral lower extremity motor function reported. The applicant had no lower extremity weakness, it was reported. On May 7, 2015, the applicant again reported ongoing complaints of shoulder, knee, and leg. The applicant was using six to seven tablets of Norco daily. The applicant's BMI was 38, it was reported on this date. 5/5 lower extremity motor function, normal lower extremity motor tone, and normal muscle bulk

were reported. The applicant did exhibit an antalgic gait, apparently without the assistance of any cane, crutch, walker, or other assistive device. Norco was endorsed while the applicant was kept off of work. A podiatry referral for callus management was endorsed. The attending provider maintained that the applicant needed a scooter for longer ambulation purposes. Six sessions of massage therapy were endorsed, purportedly on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Car lift attachment, for scooter transport, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg & Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: No, the request for a car lift attachment for scooter transport was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the car lift attachment for scooter transport at issue are deemed not essential to care in applicants who possess any mobility with canes or other assistive devices. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that mobilization, independence, and exercise should be encouraged at all steps of the injury recovery process. Here, it was not clearly stated why the car lift for scooter transport was proposed. While the applicant exhibited an antalgic gait in the clinic setting on office visits of May 7, 2015 and June 18, 2015, it did appear that the applicant was able to ambulate in the clinic setting of his own accord. The applicant did, thus, possess a considerable degree of mobility. Provision of the car lift transport for scooter, thus, would have minimized rather than maximized the applicant's overall levels of activity, mobilization, exercise, independence, etc. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain the applicant at maximum levels of activity. Here, provision of the car lift scooter at issue would have resulted in the applicant's minimizing overall levels of activity as opposed to maximizing the same. Given the fact that the applicant was seemingly possessed of significant ambulatory capacity on office visits of May 7, 2015 and June 18, 2015, provision of the car lift attachment for scooter transport at issue was not essential for care, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Massage therapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

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

Decision rationale: Similarly, the request for six sessions of massage therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, should be limited to four to six visits in most cases. Here, it did not appear that the applicant was intent on employing the massage therapy in question as an adjunct to exercise. Rather, it appeared that the applicant was intent on remaining immobile, as suggested on May 7, 2015. On that date, it was reported that the applicant was intent on remaining off of work, on total temporary disability. The applicant was also intent on pursuing a scooter attachment of some kind, it was reported on that date. The applicant was severely obese, with BMI of 38, it was further noted. The applicant's failure to return to work, severe obesity with BMI of 38, and the fact that the applicant was intent on using the scooter to move about strongly suggested that the applicant was not, in fact, intent on employing the proposed massage therapy as an adjunct to exercise. Therefore, the request was not medically necessary.