

Case Number:	CM15-0121645		
Date Assigned:	07/02/2015	Date of Injury:	01/20/2010
Decision Date:	08/24/2015	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: California

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 33-year-old male who sustained an industrial injury on 01/20/2010. Mechanism of injury occurred when he was shot multiple times in a robbery in his job as a XXXXXXXXXX Officer. Diagnoses include multiple gunshot wounds, intrabdominal wounds with colon perforation, left lower extremity with left tibial fracture, multiple peripheral nerve entrapments, right myalgia, right foot drop, status post neuroplasty of the right superficial peroneal nerve, iliac vein and other vascular pelvic lacerations, gait derangement, chronic pain, depression and severe anxiety. Treatment to date has included diagnostic services, medications, surgery, trigger point injections, massage therapy, physical therapy, and orthotics. The injured worker is permanent and stationary. His current medications include Pantoprazole Sodium, Ondansetron Hcl, Prazosin Hcl, Docusate Sodium, Senna laxative, Oxycodone/Acetaminophen, and Hydromorphone Hcl ER. A physician progress note dated 04/28/2015 documents the injured worker finds his buttock pain overall is worse and is having increasing sciatica and low back pain. He has ongoing right lower extremity nerve pain and weakness with extension. He has ongoing pain in the calf and foot of the left lower extremity well as associated weakness and nerve problems. He is refusing further surgery at this time even though it would probably substantially help with some of the nerve entrapment, weakness and neuropathy. He has problems with sitting, standing and walking. Currently he rates his pain as 3-9 out of 10 and any activity makes him worse but he tries to with what he can. On examination, he has healed surgical scars over the abdomen and lower extremities, and he has decreased sensation but good capillary refill. He has tenderness in both buttocks piriformis with some increase with sitting and

hip flexion bilaterally. Foot dorsiflexion is present on both sides. He has Tinel's at some of the gunshot entry points. He is able to get out of the chair by pushing up, has an antalgic gait, and limps. The treatment plan includes medication refills, a home evaluation and he is to consider Botox. Treatment requested is for Durable medical equipment (DME) boots, wide, bigger size, Durable medical equipment (DME) small Scooter, Massage therapy (6 sessions), and one (1) year pool/gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) boots, wide, bigger size: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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, footwear Knee Chapter, DME.

Decision rationale: This patient presents with chronic low back and buttocks pain. The current request is for Durable medical equipment (DME) boots, wide, bigger size. The RFA is dated 04/28/15. Treatment to date has included diagnostic services, medications, multiple surgeries, trigger point injections, massage therapy, physical therapy, and orthotics. The injured worker is permanent and stationary. The ACOEM and MTUS Guidelines do not specifically discuss footwear. The ODG Guidelines under the knee/leg chapter discusses footwear, knee arthritis. ODG states, "Recommended as an option for patients with knee arthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee arthritis, compared with self-chosen shoes and control-walking shoes." ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally, if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) A progress note dated 04/28/2015 states that the patient's buttock pain overall is worse and he is reporting increasing sciatica and low back pain. He has ongoing right lower extremity nerve pain, weakness with extension, and pain in the calf and foot of the left lower extremity. The patient has problems with sitting, standing and walking. Currently he rates his pain as 3-9 out of 10 and any activity makes him worse but he tries to do what he can. On examination, he has healed surgical scars over the abdomen and lower extremities, and he has decreased sensation but good capillary refill. He has tenderness in both buttocks piriformis with some increase with sitting and hip flexion bilaterally. Foot dorsiflexion is present on both sides. He has Tinel's at some of the gunshot entry points. He is able to get out of the chair by pushing up, has an antalgic gait, and limps. Although ODG Guidelines discuss "footwear", there is no discussion of specific wider or larger boots. ODG Guidelines under its knee/leg chapter discusses Durable

Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. This requested IS NOT medically necessary.

Durable medical equipment (DME) small Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: This patient presents with chronic low back and buttocks pain. The current request is for Durable medical equipment (DME) small Scooter. The RFA is dated 04/28/15. Treatment to date has included diagnostic services, medications, multiple surgeries, trigger point injections, massage therapy, physical therapy, and orthotics. The injured worker is permanent and stationary. A scooter is discussed in the context of power mobility devices on MTUS page 99 which state, "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. 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." A progress note dated 04/28/2015 states that "the patient's buttock pain overall is worse and he is reporting increasing sciatica and low back pain. He has ongoing right lower extremity nerve pain, weakness with extension, and pain in the calf and foot of the left lower extremity. The patient has problems with sitting, standing and walking. Currently he rates his pain as 3-9 out of 10 and any activity makes him worse but he tries to do what he can. On examination, he has healed surgical scars over the abdomen and lower extremities, and he has decreased sensation but good capillary refill. He has tenderness in both buttocks piriformis with some increase with sitting and hip flexion bilaterally. Foot dorsiflexion is present on both sides. He has Tinel's at some of the gunshot entry points. This patient has documented weakness in the lower extremities and has difficulties sitting, standing and walking; however he appears to have upper strength mobility as reports note "he is able to get out of the chair by pushing up and has an antalgic gait and limps." In addition, the patient caregiver status was not addressed. Per MTUS, motorized devices are not recommended when there is no caregiver to provide assistance and there is insufficient upper extremity strength to propel a manual wheel chair or use a cane. This patient does not meet the criteria. This request IS NOT medically necessary.

Massage therapy (6 sessions): 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: This patient presents with chronic low back and buttocks pain. The current request is for Massage therapy (6 sessions). The RFA is dated 04/28/15. Treatment to date has included diagnostic services, medications, multiple surgeries, trigger point injections, massage therapy, physical therapy, and orthotics. The injured worker is permanent and stationary. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. A progress note dated 04/28/2015 states that the patient's buttock pain overall is worse and he is reporting increasing sciatica and low back pain. He has ongoing right lower extremity nerve pain, weakness with extension, and pain in the calf and foot of the left lower extremity. The patient has problems with sitting, standing and walking. Currently he rates his pain as 3-9 out of 10 and any activity makes him worse but he tries to do what he can. On examination he has healed surgical scars over the abdomen and lower extremities, and he has decreased sensation but good capillary refill. He has tenderness in both buttocks piriformis with some increase with sitting and hip flexion bilaterally. Foot dorsiflexion is present on both sides. He has Tinel's at some of the gunshot entry points. This patient has completed 6 massage therapy sessions which reduced his muscle spasm, some nerve pain and allowed him to reduce his medication intake. In this case, the request for 6 additional sessions with the 6 already completed would exceed what is recommended by MTUS. In addition, per MTUS, massage is a passive intervention and treatment, dependence should be avoided. Therefore, the request IS NOT medically necessary.

One (1) year pool/gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 20, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

Decision rationale: This patient presents with chronic low back and buttocks pain. The current request is for One (1) year pool/gym membership. The RFA is dated 04/28/15. Treatment to date has included diagnostic services, medications, multiple surgeries, trigger point injections, massage therapy, physical therapy, and orthotics. The injured worker is permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym membership's states: "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." Medical professionals must monitor ODG further states treatment. A progress note dated 04/28/2015 states that the patient's buttock pain overall is worse and he is reporting increasing sciatica and low back pain. He has ongoing right lower extremity nerve pain, weakness with extension, and pain in the calf and foot of the left lower extremity. The patient has problems with sitting, standing and walking. Currently he rates his pain as 3-9 out of 10 and any activity makes him worse but he tries to do what he can. On examination, he has healed surgical scars over the abdomen and lower extremities, and he has decreased sensation but good capillary refill. He has

tenderness in both buttocks piriformis with some increase with sitting and hip flexion bilaterally. Foot dorsiflexion is present on both sides. He has Tinel's at some of the gunshot entry points. While regular exercise is important, it is not clear the patient cannot follow a home exercise program. In addition, such unsupervised memberships are not considered an appropriate medical intervention. ODG does not support gym memberships, as a medical treatment as there is no professional medical oversight to monitor progression. Furthermore, there is no discussion as to why the patient would not be able to participate in a home based exercise program. Therefore, the request IS NOT medically necessary.