MAXIMUS Federal Services

Case Number:	CM15-0026666		
Date Assigned:	02/19/2015	Date of Injury:	10/14/2009
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania, Ohio, 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 50-year-old male, who sustained an industrial injury on 10/14/09. The injured worker has complaints of bilateral ankle, shoulder and knee pain. The documentation noted that his right shoulder has been getting worse and causes difficulty sleeping. The documentation noted on the 1/22/15 noted that the injured worker was seen by a physician who would like for him to be in specific weight zone for the calcaneus osteotomy. He is 5' 11" 284 pound with a BMI of 39.61. The diagnoses have included impingement, bilateral shoulder; cruciate ligament tear, knee; degenerative joint disease, left ankle/foot/toes; degenerative joint disease, bilateral knee; obesity; planovalgus, bilateral feet and stenosis, lumbar. The documentation noted that independent massage previously relieved some of his tension in his upper body and shoulders. According to the utilization review performed on 1/30/15, the requested Car attachment for scooter transport and massage therapy has been non-certified. CA MTUS ACOEM does not address the request for car attachment for scooter transport. OD knee and leg, durable medical equipment; CA MTUS 2009; Chronic Pain Medical Treatment Guidelines page 60 Massage Therapy was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Car attachment for scooter transport: 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 and Leg, 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/Durable Medical Equipment.

Decision rationale: MTUS does not discuss this request. ODG recommends criteria for evaluating durable medical equipment to include that it is primarily and customarily used to serve a medical purpose. The records contain very limited information regarding the nature of this request; thus, it is not possible to apply a guideline in considering this requested treatment. This request is not medically necessary.

Massage therapy: 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 Page(s): 60.

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment, which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.