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| <b>Case Number:</b>   | CM15-0091883 |                              |            |
| <b>Date Assigned:</b> | 05/18/2015   | <b>Date of Injury:</b>       | 09/03/2014 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 04/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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: 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 injured worker is a 44 year old female, who sustained an industrial injury on 9/3/2014. The current diagnoses are sprain/strain of the shoulder and upper arm, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, and sleep disturbance. According to the progress report dated 3/23/2015, the injured worker complains of lower back and left shoulder pain. The pain is rated 7/10 on a subjective pain scale. The pain is characterized as sharp. It radiates to the left arm and elbow. The pain level has increased since last visit. Her level of sleep has decreased. The quality of sleep is poor. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles, bilaterally, restricted and painful range of motion, spinous process and sacroiliac spine tenderness, and positive straight leg raise test on the left. The right shoulder has limited and painful range of motion. Right elbow has painful range of motion. There is a positive Phalen's sign of the right wrist with joint swelling noted. There is allodynia noted over the left thenar eminence with swelling present. The current medications are Terocin patch and the least amount of Tylenol needed, secondary to being 4 months pregnant., confirmed by OB/GYN. Treatment to date has included medication management, ice, heat, physical therapy (minimal relief), home exercise, psychiatrist visits, lumbar epidural steroid injections, and carpal tunnel surgery (9/10/2014). She was scheduled for an MRI on 1/29/2015, but this was postponed until after the pregnancy. The plan of care includes postural foam roller.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **DME Postural Foam Roller #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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise section Page(s): 46, 47.

**Decision rationale:** The MTUS guidelines and the Official Disability Guidelines do not specifically address the use of postural foam rollers for the treatment of low back or elbow pain. The exercise foam roller is used by many physical therapists and exercise trainers to improve core strength, balance and movement awareness. The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Although exercise is recommended, there are no indications that any exercise equipment, such as a foam roller, is medically necessary. The injured worker has physical therapy sessions approved, where special equipment is generally available for use during the therapist guided sessions. While home exercise is encouraged, the purchase of specific pieces of equipment VS over-the-counter options is not warranted. The request for DME Postural Foam Roller #1 is determined to not be medically necessary.