

Case Number:	CM13-0010444		
Date Assigned:	11/01/2013	Date of Injury:	09/24/2011
Decision Date:	01/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

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 patient is a 56-year-old male who reported an injury on 09/24/2011. The physician reviewer found there was no clinical documentation submitted to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A front wheel 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Walking Aids.

Decision rationale: The Physician Reviewer's decision rationale: There was no clinical documentation submitted for review to determine the efficacy of the requested service. Official Disability Guidelines do recommend walking aids such as a front wheel walker when there are deficits of the lower extremity that require assisted ambulation. However, there was no clinical documentation submitted for review to support the request. The request for a front wheel walker is not medically necessary or appropriate

An ice unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The Physician Reviewer's decision rationale: There was no clinical documentation submitted with this review to determine the efficacy of the request. The American College of Occupational and Environmental Medicine do recommend application of cold therapy to control low back symptoms. The request for an ice unit is not medically necessary or appropriate

A bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter, Bone Growth Stimulator

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend bone growth stimulators when there is evidence of a fracture that is considered displaced and non-healing. However, there was no clinical documentation submitted for review to support that there is a fracture or any necessity for this type of equipment. The request for a bone stimulator is not medically necessary or appropriate.

A TLSO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, Lumbar supports

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines do not recommend the use of some lumbar supports as a preventative measure. However, there was no clinical documentation submitted for review to establish a need for this type of intervention. The request for TLSO is not medically necessary or appropriate.

A 3-in-1 commode: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend durable medical equipment to accommodate a medical deficit that prevents participation from activities of daily living in the home. There was no clinical documentation submitted for review to establish a need for, or to support the efficacy of, this type of equipment. The request for a 3-in-1 commode is not medically necessary or appropriate.