

Case Number:	CM13-0016426		
Date Assigned:	12/11/2013	Date of Injury:	09/25/2012
Decision Date:	01/31/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 63-year-old male who reported an injury on 09/25/2012 with a mechanism of injury that was not provided. The patient was noted to have physical therapy and acupuncture. The patient was noted to have daily constant low back pain into the left thigh with a burning and tingling sensation. The patient's diagnoses were noted to include disc degeneration at L5-S1, left lower extremity radiculopathy, cervical radiculopathy and T11-12 disc degeneration. The request was made for durable medical equipment, miscellaneous.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), does not address DME and Chronic Pain Medical Treatment Guidelines, does not address DME

Decision rationale: The California MTUS and ACOEM Guidelines do not address durable medical equipment. The Official Disability Guidelines recommend durable medical equipment if it meets Medicare's definition of durable medical equipment including that it can withstand repeated use, as in could normally be rented and used by successive patients; is primarily and

customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to provide what item of durable medical equipment was being requested as per the submitted request. Given the lack of documentation, the request for the durable medical equipment, miscellaneous, is not medically necessary.