MAXIMUS Federal Services

Case Number:	CM13-0032766		
Date Assigned:	12/06/2013	Date of Injury:	09/11/2008
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Rehabilitation, 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury between the dates of 1979 and 2007. The mechanism of injury was not provided. The most recent documentation dated 08/14/2013 and was not legible as it was handwritten. The patient was noted to be status post left ankle surgery. The request was made for 16 electrodes, 24 replacement batteries, and 32 adhesive remover wipes between 07/26/2013 and 07/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) electrodes, pair between 7/26/2013 and 7/26/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation submitted for review failed to provide the device that was being used. As there was no clinical documentation provided for the requested service, the request for 16 pair of electrodes between 07/26/2013 and 07/26/2013, guidelines cannot be applied and necessity cannot be established.

Twenty-four (24) replacement batteries between 7/26/2013 and 7/26/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation submitted for review failed to provide the device that was being used. As there was no clinical documentation provided for the requested service, the request for 24 replacement batteries between 07/26/2013 and 07/26/2013, guidelines cannot be applied and necessity cannot be established.

Thirty-two (32) adhesive remover wipes between 7/26/2013 and 7/26/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation submitted for review failed to provide the device that was being used. As there was no clinical documentation provided for the requested service, the request for 32 adhesive remover wipes between 07/26/2013 and 07/26/2013, guidelines cannot be applied and necessity cannot be established.