

Case Number:	CM13-0041179		
Date Assigned:	12/20/2013	Date of Injury:	06/22/2013
Decision Date:	03/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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 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. 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 53-year-old female who reported an injury on 06/22/2013. The patient was reportedly injured secondary to repetitive lifting and pulling. The patient is diagnosed with headache, brachial neuritis or radiculitis, thoracic sprain/strain, lumbar radiculopathy, bilateral shoulder internal derangement, and bilateral hip sprain/strain. The patient was seen by [REDACTED] on 08/22/2013. The patient reported constant headache, constant neck pain, mid back pain, lower back pain, bilateral shoulder pain, bilateral hip pain, and jaw pain. A physical examination was not provided. The treatment recommendations included continuation of current medication as well as a wheelchair and a lumbar spine hot and cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot cold unit E0218: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic), Cold/heat packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The MTUS/ACOEM Guidelines indicate that physical modalities have no proven efficacy in treating acute low back symptoms. At home, local applications of heat or cold are as effective as those performed by therapists. As per the documentation submitted, the patient's physical examination was not provided on the requesting date of 08/22/2013. The latest physician progress report, documenting a physical examination by [REDACTED] is submitted on 09/12/2013, and only revealed tenderness over the trapezius and lumbar spine. Documentation of a significant musculoskeletal or neurological deficit was not provided. Additionally, there is no evidence of a failure to respond to at home local applications of heat or cold as recommended by the guidelines. Based on the clinical information received, the request is non-certified.

A wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic), Wheelchair

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

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended generally if there is a medical necessity and if the device or if the system meets Medicare's definition of durable medical equipment. A wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.