MAXIMUS Federal Services

Case Number:	CM13-0041273		
Date Assigned:	12/20/2013	Date of Injury:	05/16/2002
Decision Date:	03/17/2014	UR Denial Date:	09/13/2013
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 Occupational Medicine has a subspecialty in Internal Medicine 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:

According to the records made available for review, this is a 48-year-old female with a 5/16/02 date of injury. At the time of request for authorization for attends washcloths and gloves, there is documentation of subjective (neck and low back pain with numbness and tingling in the posterior thigh, posterior calf, and feet) and objective (antalgic gait, decreased lumbar and cervical spine range of motion in all planes, tender to palpation along the bilateral paravertebral musculature, positive facet loading on the right L3-4 and L4-5, and decreased sensation in the right L5-S1 dermatomes) findings, current diagnoses (facet arthropathy in the right L3-4 and L4-5, status post lumbar fusion, chronic pain syndrome, lumbar radiculopathy, right foot drop, and PTSD), and treatment to date (medications). There is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three cases of attends washcloths: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition; Califorinia MTUS guidelines, web based edition http://www.dir.ca.gov/t8/ch4 5 sb1a5 5 2.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 42 CFR 414.202.

Decision rationale: Durable medical equipment means equipment, furnished by a supplier or a home health agency that meets the following conditions: can withstand repeated use; has an expected life of at least 3 years; is primarily and customarily used to serve a medical purpose (that the request represents medical treatment); generally is not useful to an individual in the absence of an illness or injury; and is appropriate for use in the home. Within the medical information available for review, there is documentation of diagnoses of facet arthropathy in the right L3-4 and L4-5, status post lumbar fusion, chronic pain syndrome, lumbar radiculopathy, right foot drop, and PTSD. However, there is no documentation that the request represents medical treatment. Therefore, based on guidelines and a review of the evidence, the request for three cases of attends washcloths is not medically necessary.