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| Case Number: | CM13-0042411 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/28/1993 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 58-year-old male who reported an injury on 10/28/1993. The mechanism of injury was a slip and fall. The documentation of 09/17/2013 revealed the injured worker was in physical therapy 2 weeks prior to the office visit and the injured worker was stretching. Since that time, the injured worker has had increased pain. The injured worker indicated he felt paralyzed on the left side of his body. The injured worker further indicated that the left side of the neck, left arm, and left leg had been hurting. The injured worker had terrible and worsened numbness in the left upper extremity and could not feel anything in his hand. The injured worker had difficulty turning his head. The objective findings indicated the injured worker had decreased sensation in the left upper extremity compared to the right upper extremity, decreased grip strength in the left hand, and no reflexes in the left hand with normal 2+ reflexes in the right hand. The injured worker had tenderness to palpation across the back. Lumbar spine testing revealed decreased range of motion in flexion, extension, lateral flexion, and rotation. The injured worker had a normal gait with poor toe/heel walk. The diagnoses include spraining/straining injury to the cervical spine, right shoulder sprain/strain, bilateral carpal tunnel syndrome, spraining/straining injury to the spine, and major depressive disorder recurrent episode in remission. The treatment plan included, due to worsening pain and radiculopathy symptoms, a cervical spine MRI without contrast, an upper extremity EMG/NCS, IM Toradol injection, psychology consult, hearing aids, orthopedic surgeon for evaluation, dentist to address issues of dry mouth from medications, single-point cane for fall precaution, physical therapy continuation, acupuncture, [REDACTED] membership, medications, deluxe camp bed pad times 4, and return to clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

DELUX CAMP BED PAD: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment (DME).

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

Decision rationale: Official Disability Guidelines indicate that mattress selection is entirely per patient preference. However, camp bed pads are considered durable medical equipment (DME). As such, durable medical equipment guidelines apply. Durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which includes the equipment could withstand repeated use (i.e. 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 injured worker's home. The clinical documentation submitted for review failed to provide documentation to meet the above criteria. There was lack of documented rationale for the necessity for the deluxe camp bed pad. Given the above, the request for deluxe camp bed pad is not medically necessary.