

Case Number:	CM13-0045816		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2013
Decision Date:	08/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 & 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 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 43-year-old female who reported an injury on 09/05/2013. The injured worker stated, while lifting a tray of food, she felt a pain that radiated into her right lower extremity. Physical examination on 09/23/2013 revealed tenderness to palpation on the lumbar spine, and right paraspinal musculature tenderness was noted. Lumbar range of motion in forward flexion was to 60 degrees, extension was to 30 degrees, right lateral bend was to 20 degrees, left lateral bend was to 20 degrees, right rotation was to 20 degrees, and left rotation was to 20 degrees. The straight leg raising test while sitting was negative on the left and positive on the right. Medication for the injured worker was Ultracet. Diagnoses for the injured worker were radiculitis/neuritis and strain lumbosacral. Treatment for the injured worker was to taper steroid medication. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERABALL: 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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request submitted does not state what the Theraball is to be used for. The medications that the injured worker has tried and failed were not reported. The Official Disability Guidelines for durable medical equipment state, generally, if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain durable medical equipment items are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz pads, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Durable medical equipment is defined as equipment that can withstand repeated use, normally is rented, and used by successive patients. Durable medical equipment is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The durable medical equipment is appropriate for use in a patient's home. The rationale for the use of a Theraball was not reported. Therefore, the request for Theraball is not medically necessary.