

Case Number:	CM13-0045834		
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 and 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 complained of lower back pain. She rated her pain at 3/10 at rest and up to 8/10 with bending and heavy lifting. She also stated that with the lower back pain, she continued to have pain shooting down her legs bilaterally. The physical examination dated 09/23/2013 revealed that the lumbosacral spine had 2+, tenderness to palpation. The range of motion was noted as forward flexion at 60 degrees slowly with slight discomfort; extension within normal limits; right lateral bending at 20 degrees; left lateral bending at 20 degrees; right rotation at 20 degrees; and left rotation at 20 degrees. The straight leg raising while sitting was negative on the left and positive on the right at 60 degrees. The motor strength examination revealed weakness to toe extension on the right. There were no diagnostics submitted in the report. The injured worker's diagnoses included radiculitis/neuritis of the lumbar and strain of the lumbosacral. Past treatments included physical therapy and medication therapy. The injured worker's current medication included Ultracet for pain, with no duration or frequency noted in the report. The treatment plan was for a stretch out strap - green. The rationale was not included in the submitted reports for review. The request for authorization form was submitted on 09/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: STRETCH OUT STRAP - GREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), EXERCISE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The request for durable medical equipment: stretch out strap - green is not medically necessary. The ODG guidelines state that Durable medical equipment (DME)(stretch out strap) are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). This would include the DME can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The injured worker complained of lower back pain with accompanied shooting pain down her legs, bilaterally. She rated her pain at a 3/10 at rest and up to 8/10 with bending and heavy lifting. The objective findings included tenderness to palpation of the lumbar spine. The submitted report did not indicate failure of conservative care. Given the guidelines above, the indicated request of a stretch out strap can be used by a person who is absent of illness and/or injury. There was also no evidence that the use of a stretch out strap will assist in the progress of any functional deficits the injured worker may have, efficacy is undetermined. Furthermore, there is no indication as to why the injured worker would not benefit from a home exercise program. It was not noted that this was for rental or purchase. As such, the request for durable medical equipment stretch out strap - green is not medically necessary.