

Case Number:	CM13-0049137		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2001
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 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:

The patient is a 48-year-old male who reported an injury on 12/07/2001. The patient is diagnosed with degenerative joint disease, degeneration of the lumbar intervertebral discs, knee sprain, and mononeuritis. The patient was seen by [REDACTED] on 10/15/2013. The patient reported 8/10 low back and left knee pain. Physical examination revealed decreased and painful range of motion of the lumbar spine and left knee. Treatment recommendations included continuation of current medications and continuation of a home e-stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

99070 (extra supplies or materials provided by the doctor above those included in the office visit): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: Official Disability Guidelines state Durable Medical Equipment is recommended if there is a medical necessity and the device or system meets Medicare's definition of DME. There is no documentation indicating what supplies are to be provided.

There is no documentation of the need for supplies or materials in the treatment plan on the requesting date of 10/15/2013. It is only indicated that the patient is to continue home use of an e-stimulator unit. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.