MAXIMUS Federal Services

Case Number:	CM13-0069814		
Date Assigned:	01/03/2014	Date of Injury:	01/02/2012
Decision Date:	05/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 01/02/2012 after being startled by a customer which caused a twisting motion to the back. The injured worker's treatment history included physical therapy, epidural steroid injections, chiropractic care, and a transcutaneous electrical nerve stimulation unit. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker had continued low back pain radiating into the bilateral lower extremities. Physical findings included normal gait with normal range of motion of the lumbar spine and a negative straight leg raising test. It was documented that the injured worker had normal motor strength in the lower extremities and a 1+ knee and ankle jerk. Recommendation was made for aquatic therapy. A request was made for authorization for a chair back brace and hydrotheraphy belt to be used in daily aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROTHERAPY BELT PURCHASE A9999: 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) KNEE AND LEG CHAPTER, DURABLE MEDICAL EQUIPMENT.

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 CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: California Medical Treatment Utilization Schedule does not specifically address durable medical equipment. Official Disability Guidelines state that durable medical equipment is used to serve a medical purpose and is generally used by successive patients. The medical documentation submitted for review does indicate that a treatment recommendation for aquatic therapy has been requested. However, there is no indication that the request for aquatic therapy was authorized. Additionally, the clinical documentation submitted for review does not provide any specific evidence of how the requested durable medical equipment will contribute to the injured worker's functional restoration. There is no justification of why this equipment is not provided as part of the aquatic therapy program and would be required to be purchased. As such, the requested hydrotherapy belt for purchase is not medically necessary or appropriate.

CHAIR BACK BRACE PURCHASE L0627: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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 CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: California Medical Treatment Utilization Schedule does not specifically address durable medical equipment. Official Disability Guidelines state that durable medical equipment is used to serve a medical purpose and is generally and by successive patients. The medical documentation submitted for review does indicate that a treatment recommendation for aquatic therapy has been requested. However, there is no indication that the request for aquatic therapy was authorized. Additionally, the clinical documentation submitted for review does not provide any specific evidence of how the requested durable medical equipment will contribute to the injured worker's functional restoration. There is no justification of why this equipment is not provided as part of the aquatic therapy program and would be required to be purchased. As such, the requested chair back brace for purchase L0627 is not medically necessary or appropriate.