

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0019960 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 10/22/2010 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Orthopaedic Surgery 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 records presented for review indicate that this 44-year-old individual was injured on October 22, 2010. Topical compounded preparations are being employed to address the pain complaints. The handwritten progress note indicated a lumbar spine injury, decreased range of motion and motor function and that the claimant is required to use of a brace. A Qualified Medical Examiner assessment was completed. An orthopedic consultation was obtained in January, 2013 and additional report completed in December, 2013. It was noted that the injured employee was "less than fully forthcoming" about the past medical history. It was noted that the foot pain was related to a metatarsalgia secondary to the diagnosis of lupus. A chiropractic evaluation sought a home rehabilitation kit for this 5'2", 249 pound individual with a noted history of a trip and fall resulting in low back, right shoulder and right foot injuries. Multiple additional diagnoses have been added to the problem list. Multiple conservative modalities and interventions (to include physical therapy, acupuncture, injection therapy, and enhanced imaging studies) have been completed. There are multiple requests for multiple modalities and no clinical data to support the requests presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR REHAB KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: While it is clear that a home exercise protocol can be supported for this individual, a lumbar rehabilitation kit is not outlined. A simple program of exercise and range of motion is all that would be indicated. Therefore, when noting the date of injury, the treatment to date, the unrelated comorbidities and the lack of any specific device identification, there is no clinical indication presented to support this request.