MAXIMUS Federal Services

Case Number:	CM14-0150122		
Date Assigned:	09/18/2014	Date of Injury:	04/17/2001
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 patient is a 68-year-old with a date of injury on April 17, 2001. The patient tripped over a manhole and fell on her face. There was a possible brief loss of consciousness. Diagnoses included displacement of cervical intervertebral disc without myelopathy, migraine variant, displacement of lumbar intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, cervical post laminectomy syndrome, and neck pain. An August 6, 2014 Progress report documented that the patient complained of neck and bilateral low back pain. The patient continued to have blackouts and had seen a neurologist for this. She was told that she would continue to have blackouts due to the head injury. Fall risk was high. She had a fall which injured her feet. She had another fall which injured her fingers. Her past medical history was positive for a stroke/TIA and hypertension. The patient's gait was mildly unsteady and she ambulated with a cane. The patient declined oral medications and used Lidoderm patch and Voltaren gel. Clinically, the patient had some difficulty and frustration with word finding. A fall alert monitor was recommended because of fall risk and potential for injuries due to blackouts.July 8, 2014 Progress report documented that the patient had cognitive defects and memory loss. She had fuzziness and drowsiness upon awakening the day after blackouts. She was socially isolated due to blackouts. Treatment has included medications, TENS (transcutaneous electrical nerve stimulation), physical therapy, exercise and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One life alert system: Overturned

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 Other Medical Treatment Guideline or Medical Evidence:
http://www.aetna.com/members/fsa/eligibleExpenses/healthcareFSA/healthexpenses_L.html Life Alert Emergency Medical Alert System

Decision rationale: Medical necessity has been established for a Life alert system. This issue is not addressed by CA MTUS and ODG. Aetna considers the cost of a life alert emergency medical alert system as an eligible medical expense. The patient is a 68-year-old who had a head injury. She appears to be living alone. There is no mention of a caregiver or a family member staying with her. She has had blackouts and falls causing further injury to her. Her gait is unsteady and she is using a cane. She has had other cognitive deficits like difficulty with word finding and memory loss. She also has hypertension and a history of a stroke/TIA. Given the abovementioned factors, a life alert system is medically reasonable. The request for one life alert system is medically necessary and appropriate.