

Case Number:	CM14-0151413		
Date Assigned:	09/29/2014	Date of Injury:	07/11/2012
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 57-year-old female who has submitted a claim for Reflex sympathetic dystrophy of the upper limb associated with an industrial injury date of July 11, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of excruciating pain in the genital region after a recent sexual intercourse. Recent progress notes do not contain examination of the genital region. Treatment to date has included various pain medications. Donut pillow (to help sit), resistance bands and thermal spa bath mat were being requested to help the patient manage symptoms of CPRS. Utilization review from September 3, 2014 denied the request for Donut pillow, Thermal spa bath mat and Resistance bands because there is lack of medical documentation provided to justify the medical necessity for the donut pillow, resistance bands and thermal spa bath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donut pillow: 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), Neck and Upper Back, Pillow

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 (DME).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, durable medical equipment are recommended if there is a medical need and if the device or system meets the definition of durable medical equipment - equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, a donut pillow was requested to help the patient sit as a result of pain in the genitals. However, the records provided do not include an examination of the patient's genitals to determine the necessity of the equipment. Moreover, the request is incomplete as it did not mention if the device is for purchase or rental and the quantity being requested. Furthermore, it did not meet guideline criteria for DME because it was not customarily used medically and was also useful among persons without injury. Therefore, the request for donut pillow is not medically necessary.

Thermal spa bath mat: 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, Durable Medical Equipment (DME)

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 (DME).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, durable medical equipment are recommended if there is a medical need and if the device or system meets the definition of durable medical equipment - equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, a thermal spa bath mat was requested to help the patient sit as a result of pain in the genitals. However, the records provided do not include an examination of the patient's genitals to determine the necessity of the equipment. Moreover, the request is incomplete as it did not mention if the device is for purchase or rental and the quantity being requested. Furthermore, it did not meet guideline criteria for DME because it was not customarily used medically and was also useful among persons without injury. Therefore, the request for thermal spa bath mat is not medically necessary.

Resistance bands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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 (DME).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, durable medical equipment are recommended if there is a medical need and if the device or system meets the definition of durable medical equipment - equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, a thermal spa bath mat was requested to help the patient with her pain in the genitals. However, the records provided do not include an examination of the patient's genitals to determine the necessity of the equipment. Moreover, the request is incomplete as it did not mention if the device is for purchase or rental and the quantity being requested. Furthermore, it did not meet guideline criteria for DME because it was not customarily used medically and was also useful among persons without injury. Therefore, the request for resistance bands is not medically necessary.