

Case Number:	CM14-0156697		
Date Assigned:	09/26/2014	Date of Injury:	06/12/1997
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 has a cumulative reported date of injury of 6/12/96-6/12/1997 and 10/11/1996. The patient has the diagnoses of status post right thumb trigger/basal joint arthroplasty and excision of the trapezium, carpal tunnel release on the right, de Quervain's release and ulnar nerve transposition and lumbosacral degenerative disc disease with facet joint stenosis. Per the most recent progress notes provided for review by the primary treating physician dated 08/26/2014, the patient had complaints of flare up of low back pain causing the patient's legs to give out and unable to get up from the ground due to leg weakness. The physical exam noted hyperesthesia on the right leg from L3-S1, positive straight leg raise test greater on the right, positive axial compression test, right foot swollen, and spasms in the lumbar spine area with tenderness to palpation. Treatment plan recommendations included continuation of aquatic therapy, request for lumbar MRI, request for lower extremity EMG/NCV and follow up with primary care physician for foot swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Life alert system: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 15, Section 110.1; Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Life alert is a company which provides services to assist the elderly contact emergency services through a wireless help button which is worn by the user at all times. Per the ODG section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of disease or illness. The equipment should be able to withstand repeated use and is appropriate for in-home use. In this case the patient had a fall and was unable to get back up due to leg weakness. The patient does live alone. The patient does have the diagnoses of lumbar degenerative disc disease with facet joint stenosis. The reality of a repeat fall and inability to get up is real. The requested service DME meets the criteria set forth above for DME per the ODG. Therefore the request is medically necessary.