

Case Number:	CM14-0027000		
Date Assigned:	06/13/2014	Date of Injury:	02/23/1999
Decision Date:	08/06/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation, Pain 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 63 year old male who sustained injuries to his right shoulder, elbow and bilateral wrists/hands due to repetitive nature of his work. This included, but was not limited to lifting, carrying, pushing/pulling and repetitive arm use including typing. Treatment to date has included electrical stimulation, hot/cold packs, ultrasound, range of motion exercises and therapeutic exercises. The previous request included replacement of motorized wheelchair that was certified and one box of surgical gloves that was denied. It was determined that the surgical gloves are for toileting, which is purely an issue of management of the non-industrial paraplegia. An agreed medical evaluation dated 08/23/10 concluded that 100% of the injured worker's disability/impairment is industrial in origin on a compensatory basis due to favoring the right shoulder. The mechanism of injury explains the development of the condition underlying the impairment and there are no other factors of causation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One box surgical gloves: Upheld

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:Center for Medicare and Medicaid Services, Durable medical equipment (DME) coverage.

Decision rationale: The injured worker underwent surgical intervention for arachnoid cysts from T3-T8 in December 2001 and was paralyzed. Per AME (Agreed Medical Examination) dated 08/23/10, this surgery left the injured worker in a wheelchair with no use of his right leg and noted that this is a non-industrial injury. Without evidence indicating that the injured worker's paraplegia and sequelae thereof have some industrial basis, the request for one box of surgical gloves are not indicated as medically necessary.