

<b>Case Number:</b>	CM14-0029106		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 injured worker is a 66-year-old female with a reported date of injury on 05/07/2011. The mechanism of injury was noted to be from a slip and fall. Her diagnoses were noted to include cervical spine sprain/strain, cervical spondylosis, and insomnia. Her previous treatments were noted to include acupuncture, home exercise program, and physical therapy. The progress note dated 07/17/2014 revealed complaints of cervical pain that radiated to the right upper extremity. The physical examination revealed decreased range of motion with a negative Spurling's and tenderness to palpation to the upper trapezius, levator scapulae, and paravertebral muscles. The request for authorization form was not submitted within the medical records. The request was for an inversion table for decreased pain to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inversion table:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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, Durable Medical Equipment.

**Decision rationale:** The request for an inversion table is not medically necessary. The injured worker complains of cervical spine pain that radiates to the upper extremities. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Many assistive devices such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which can withstand repeated use such as could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The inversion table is not shown to serve a medical purpose and therefore, is not appropriate. Therefore, Inversion table is not medically necessary.