

Case Number:	CM14-0030136		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2006
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 57 year old female injured on 10/02/06 due to undisclosed mechanism of injury. The injured worker underwent multiple knee surgeries bilaterally following the initial injury. The patient's current diagnosis included chronic low back pain with underlying mild degenerative disc disease of the lumbar spine, status post right total knee arthroplasty in 2011, status post left total knee arthroplasty in 2012, and complaints of depression/anxiety/difficulty sleeping. A clinical note dated 02/10/14 indicated the injured worker presented complaining of lumbar spine pain with residual spasm and stiffness affecting activities of daily living. The physical examination revealed tenderness to palpation of the paralumbar musculature with guarding and spasm, a positive straight leg raise test, and decreased range of motion in the lumbar spine. The initial request for purchase of back support pillow and donut pillow was non-certified on 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of back support pillow: 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in the Official Disability Guidelines durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of a back support pillow is considered a convenience rather than a medical necessity. As such, the request for purchase of back support pillow is not medically necessary.

Purchase of donut pillow: 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in the Official Disability Guidelines durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of a donut pillow is considered a convenience rather than a medical necessity. As such, the request for purchase of donut pillow is not medically necessary.