

Case Number:	CM14-0030331		
Date Assigned:	06/20/2014	Date of Injury:	09/18/2008
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
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 and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 09/18/2008. The mechanism of injury was lifting a box. The injured worker's treatment history included cervical discectomy and fusion, left hip replacement, right hip replacement, right shoulder surgery x2, pain management and physical therapy. The injured worker was evaluated on 02/10/2014. Physical examination findings included lower extremities with no tenderness or edema. Neurological findings included normal tone, reflexes and movement. The injured worker's diagnoses included cervical stenosis and degenerative disc disease with left-sided radiculopathy, postoperative pain syndrome and postoperative anemia, and hypertension. It is noted that the injured worker underwent anterior cervical discectomy and fusion with instrumentation on 02/08/2014. The injured worker's treatment plan included physical therapy, recreational therapy, home health and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment MI: 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 and Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The requested durable medical equipment MI is not medically necessary or appropriate. The clinical documentation does not adequately address what "MI" is. Therefore, the appropriateness of the request cannot be determined. Additionally, the California Medical Treatment Utilization Schedule does not address durable medical equipment. The Official Disability Guidelines recommend durable medical equipment as medically necessary when it is appropriate for the patient in the specifically for an injury or illness. The clinical documentation submitted for review does indicate that the injured worker recently underwent cervical spine surgery. However, as there is no indication of what type of equipment is being ordered, the appropriateness of the request cannot be determined. As such, the requested durable medical equipment MI is not medically necessary or appropriate.