

Case Number:	CM14-0030451		
Date Assigned:	06/20/2014	Date of Injury:	04/06/2013
Decision Date:	09/05/2014	UR Denial Date:	02/12/2014
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 Nevada. 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 records presented for review indicate that this 37-year-old male was reportedly injured on April 6, 2013. The mechanism of injury was stated to be being dragged about 20 feet by a car. The most recent progress note, dated January 20, 2014, indicated that there were ongoing complaints of knee pain, right elbow pain, cervical spine pain, and lumbar spine pain. The physical examination of the right knee demonstrated a positive McMurray's test and Apley's compression test. There was medial joint line tenderness and range of motion from 0 to 115 degrees. Examination of the left knee also noted a positive McMurray's test and Apley's test. There was full range of motion and patellofemoral crepitus. The physical examination of the cervical and lumbar spine revealed tenderness along the paraspinal muscles and pain with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment has included ice/heat, anti-inflammatory medications, physical therapy, wrist and hand splints, and home exercise. A request had been made for (durable medical equipment) DME - Edge tool purchase and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - EDGE Tool purchase: 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 Non-MTUS Other Medical Treatment Guideline or Medical Evidence: <http://starttool.com>.

Decision rationale: The Edge tool is a chiropractic tool used by the chiropractor to assist with therapy and is not a DME device designed for home use for the injured employee. Therefore, this request for an Edge tool purchase is not medically necessary.