

Case Number:	CM14-0041885		
Date Assigned:	06/30/2014	Date of Injury:	04/22/1996
Decision Date:	07/31/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/07/2014

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 occupational 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 applicant is a represented [REDACTED] employee who filed a claim for reflex sympathetic dystrophy of the upper limb reportedly associated with an industrial injury of April 22, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and a spinal stimulator device. In a utilization review report dated March 31, 2014, the claims administrator denied a request for Life Alert monitoring service for frequent falling and instability of the lower extremities. The claims administrator based his denial on the fact that the condition was not covered in the MTUS or in ACOEM. The Non-MTUS Third Edition ACOEM Guidelines were, somewhat incongruously, cited. The applicant's attorney subsequently appealed. In a progress note dated May 5, 2014, the applicant was described as having persistent complaints of upper and lower extremity pain associated with complex regional pain syndrome. The applicant stated that the spinal cord stimulation devices were not entirely successful. The applicant was apparently living alone and had fallen frequently. The applicant had several bouts of instability due to leg weakness. It was stated that the applicant was unable to help herself up when she fell. It was stated that a Life Alert service would therefore be helpful. It was stated that the applicant had been deemed permanently disabled. In a subsequent note of May 5, 2014, the attending provider again complained that the applicant lived alone, has a history of falling frequently, had leg instability, had balance issues, and had no assistance at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Life Alert Monitoring Service for frequent falls/severe instability of the lower extremities, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, acoempracguides.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> <http://www.lifealert.com/protectionservices.aspx>.

Decision rationale: The MTUS does not address the topic. As noted in the product description, Life Alert Protection Services allow an individual to summon dispatchers and/or paramedics in the event of medical emergencies. In this case, the attending provider has posited that the applicant is immobile, having difficulty ambulating, has fallen on several occasions, and would have difficulties summoning help as she lives alone. Provision of the Life Alert monitoring services may be helpful here, given the applicant's history of falling, instability, usage of a cane, history of a failed total knee arthroplasty, and issues with spinal cord simulation generating upper and lower extremity weakness. The attending provider has posited that the applicant does not have family members available who can help her in the events of falling. Therefore, the proposed life-alert monitoring service is medically necessary.