

Case Number:	CM14-0065808		
Date Assigned:	07/11/2014	Date of Injury:	02/18/2000
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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 54 year-old female was reportedly injured on February 18, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 20, 2013, indicates that there are ongoing complaints of low back pain, anxiety, and depression. Current medications were stated to include Cymbalta, Zoloft, Topamax, Imitrex, Flector patches, Prevacid, Abilify, and Liberax. No physical examination was performed. Diagnostic imaging studies were not discussed during this visit. Previous treatment is unknown. A request had been made for INRATIO2 home PT/INR monitoring system and INRATIO2 test strips and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT INRATION2HOME PT/INR MONITORING SYSTEM REF 0200432: 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, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: The attached medical record contains no information regarding the injured employee's mechanism of injury, current symptoms, physical examination findings, diagnosis, or treatment plan. Without this information, the request for INRATIO2 home PT/INR monitoring system is not medically necessary.

INRATIO2 TEST STRIPS REF 01000071 TIMES THREE: 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, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: The attached medical record contains no information regarding the injured employees mechanism of injury, current symptoms, physical examination findings, diagnosis, or treatment plan. Without this information, the request for INRATIO2 test strips is not medically necessary.