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| Case Number: | CM14-0069613 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 12/28/2009 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/10/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 patient is a 42-year-old female who has submitted a claim for lumbar radiculopathy and myalgia and myositis, unspecified associated with an industrial injury date of 12/28/2009. Medical records from 10/22/2013 to 07/14/2014 were reviewed and showed that patient complained of low back pain, left hip pain and knee pain all graded 5-6/10. Physical examination revealed decreased lumbar and bilateral lower extremities ROM. MMT of bilateral hips and knees was 3/5 otherwise normal for bilateral lower extremities. Patellar compression testing was positive. MRI of the lumbar spine dated 04/24/2010 revealed L4-5 mild disc degeneration and bulge and L5-S1 minimal disc height loss and posterior bulge. Treatment to date has included pain medication, physical therapy, massage, trigger point injections, nerve blocks, chiropractic treatment, acupuncture, TENS, [REDACTED] direct care program, Amitriptyline, Ibuprofen, Vicodin, and Lyrica. Utilization review dated 05/10/2014 denied the request for durable medical equipment mi because weekly remote care consisting of telephone calls and conversations was not supported by the guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, patient complained of low back pain, left hip pain and knee pain. However, the specific type of durable medical equipment is not specified. Therefore, the request for durable medical equipment MI is not medically necessary.