

<b>Case Number:</b>	CM14-0074846		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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 injured worker is a 57-year-old female who reported an injury on 08/22/2009. The mechanism of injury was the injured worker was folding a cart and pulling the straps and experienced increased pain in the low back, buttocks, and hips, and the pain radiates to the left. Prior treatments included medications, physical therapy, acupuncture treatments, facet nerve blocks, and pain management specialist appointments. The medication history included Voltaren XR, Fexmid, Norco 2.5 mg, and Prilosec. The prior studies included an MRI of the lumbar spine and electromyography. The documentation of 04/22/2014 revealed the injured worker had complaints of low back pain with left lower extremity radiculopathy. The objective findings revealed the injured worker had decreased range of motion. The injured worker had a positive Kemp's test and a positive straight leg raise on the left. The injured worker had tenderness to palpation in the left knee. The diagnoses included status post right trigger thumb release, lumbar spine sprain and strain, bilateral shoulder parascapular strain, left knee sprain and strain, bilateral lower extremity radic/facet, and stress and depression. The treatment plan included a left SI joint injection, aquatic therapy, transportation to and from all doctor visits and all future followups, a followup for stress, anxiety, and depression, and a ring cushion to decrease pain while sitting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from all doctor visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 & Leg Chapter, Transportation.

**Decision rationale:** The Official Disability Guidelines indicate transportation to and from all medically necessary appointments is appropriate in the same community for injured workers with disabilities preventing them from self transport. The clinical documentation submitted for review failed to provide a rationale for the requested service. There was a lack of documentation indicating the injured worker had a disability preventing her from self transport. Additionally, there was a lack of documentation of duration for the request. Given the above, the request for transportation to and from all doctor visits is not medically necessary.

**Donut cushion (rental or purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 & Leg Chapter, DME.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. They further indicate that durable medical equipment is equipment which can be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and is not useful to an injured worker in the absence of injury or illness, and is appropriate for use in the injured worker's home. The clinical documentation submitted for review failed to provide the documentation that met the above criteria. Additionally, the request was for rental or purchase, and was not specified whether it was specifically for rental or for purchase. Given the above, the request for donut cushion rental or purchase is not medically necessary.