

Case Number:	CM14-0082159		
Date Assigned:	07/21/2014	Date of Injury:	01/04/2013
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 61-year-old female who was reportedly injured on January 4, 2013. The mechanism of injury was noted as a cumulative trauma type event. The past medical history was significant for diabetes, hypertension and multiple cesarean sections. The most recent progress note dated January 3, 2014, indicated that there were ongoing complaints of knee pain and low back pain with occasional distal lower extremity involvement. The physical examination demonstrated no new joint swelling, a normal neurological evaluation, no rheumatoid arthritic deformities and tenderness to palpation of the left foot. There was a summary note, undated, that indicated there was a repetitive trauma type situation resulting in lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left knee internal derangement and left foot plantar fasciitis. There were ongoing complaints of low back pain and pain radiating into foot. A wide-based gait was noted. There was tenderness to palpation of the lower lumbar spine. The range motion of the foot was restricted, and 2 point discrimination was altered. Epidural steroid injections were suggested. Diagnostic imaging studies were not reviewed. Previous treatment was not reported in the records reviewed. A request was made for a blood pressure monitor and a glucose monitor and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Pressure Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter updated July, 2014.

Decision rationale: The records presented for review indicate that the injury was to the lumbar spine, lower extremity, and the knee. There is no mention of a diagnosis of hypertension. Therefore, with the understanding that the California Medical Treatment Utilization Schedule does not address durable medical equipment, and a review of the Official Disability Guidelines requires that the equipment serve a medical purpose, with no specific medical purpose identified, there is no indication presented for a blood pressure monitor. Therefore, the medical necessity of this device cannot be established in the records presented for review.

Blood Glucose Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Diabetes, Glucose Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter updated July, 2014.

Decision rationale: The records presented for review indicate that the injury was to the lumbar spine, lower extremity, and the knee. There is no mention of a diagnosis of diabetes. Therefore, with the understanding that the California Medical Treatment Utilization Schedule does not address durable medical equipment, and a review of the Official Disability guidelines requires that the equipment serve a medical purpose, with no specific medical purpose identified, there is no indication presented for a blood glucose monitor. Therefore, the medical necessity of this device, to assist in the treatment of this ordinary disease of life, cannot be established in the records presented for review.