

Case Number:	CM14-0102511		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2005
Decision Date:	02/13/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Practice, 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:

56 yr. old male claimant sustained a work injury on 11/21/13 involving the right shoulder, low back and left hip. He was diagnosed with L4-L5 annular fissure, foraminal stenosis, internal derangement of the left shoulder and left hip replacement. He had undergone trigger point injections and used oral analgesics for pain. He had used orthotic shoes for a leg length discrepancy. HE had undergone a RF neurotomy of the right suprascapular nerve. A subsequent request was made for a DME delivery setup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Delivery DME (Durable Medical Equipment) Setup: 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), Durable medical equipment and knee pain

Decision rationale: According to the guidelines, durable medical equipment is appropriate for Medicare approved devices such as walkers, wheel chairs, canes, etc. In this case, the reason for

DME equipment and need for delivery were not specified. As a result, the request above is not medically necessary.