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| Case Number: | CM14-0187646 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/21/2006 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Internal 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 injured working (IW) has been diagnosed with lumbar musculoligamentous injury, lumbar paraspinal muscle spasm, lumbar disc herniation, lumbar radiculitis/radiculopathy of lower extremities, sacroiliitis of the sacroiliac joint, and cervical musculoligamentous injury. The request is for authorization is for installation fee for durable medical equipment (DME) items. There is not documentation in the medical record for DME. There is not documentation in the medical record for DME installation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Installation fee for DME items: 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, DME

Decision rationale: Pursuant to the Official Disability Guidelines, installation fee for durable medical equipment (DME) items is not medically necessary. Durable medical equipment is recommended if there is a medical need and if the device or system needs Medicare's definition

of durable medical equipment. DME is defined as equipment which can withstand repeated use; is primarily and customarily used to start a medical purpose; is generally not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, a review of the medical record does not contain any documentation supporting any durable medical equipment. There were no requests for durable medical equipment, there was no documentation in any progress notes regarding durable medical equipment and there is no documentation of any installation fees for durable medical equipment in the medical record. Consequently, installation fee for DME items is not medically necessary.