MAXIMUS Federal Services

Case Number:	CM14-0195354		
Date Assigned:	12/03/2014	Date of Injury:	01/26/1996
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 applicant is a represented [redacted] employee who has filed a claim for paraplegia reportedly associated with an industrial injury of January 24, 1996. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for a six-month rental of an Easy Stand Strap Stand. The claims administrator did not incorporate any guidelines into its rationale but did state that it was citing ACOEM, Third Edition at the bottom of the report. The claims administrator did reference an RFA form dated November 4, 2014 in its denial. The applicant's attorney subsequent appealed. In a handwritten note dated November 4, 2014, difficult to follow, not entirely legible, the applicant was both given primary diagnosis of paraplegia. Baseline chest x-ray, CBC, spine films, and an internal medicine evaluation were sought while the applicant was placed off of work, on total temporary disability. There was no seeming mention of the Easy Stand Strap Stand, although it is incidentally noted the progress note in question was not entirely legible. On September 30, 2014, the applicant was given Septra (Bactrim) for possible urinary tract infection. Vicodin was renewed. The applicant was quadriplegic, it was stated on this occasion. The applicant had reportedly started physical therapy. On June 25, 2014 progress note, the attending provider sought authorization for an orthopedic mattress, box spring, and frame while placing the applicant off of work, on total temporary disability. Vicodin was renewed. The note, once again, was sparse, handwritten, not entirely legible, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month rental 1-Easy Stand Strap Stand #P2000 as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment section, Final Steps Page(s): 40.

Decision rationale: While the MTUS does not specifically address this article, page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge, by analogy, that "modifications at home and work" are recommended to facilitate normalization of use in applicants with complex regional pain syndrome (CRPS), somewhat analogous to the diagnosis of paraplegia present here. In this case, however, the attending provider's handwritten progress notes did not clearly outline the nature of the request. It was not clearly stated what the Easy Stand Strap Stand represented and/or what mobility or ergonomic deficits the Easy Stand Strap Stand was intended to remediate. The request, thus, cannot be supported based on the documentation on file. Therefore, the request is not medically necessary.