MAXIMUS Federal Services

Case Number:	CM14-0202578		
Date Assigned:	12/15/2014	Date of Injury:	04/07/2013
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 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:

This is a 50 years old female patient who sustained an injury on 4/7/2013.She sustained the injury while assisting a patient who fell. The current diagnoses include post laminectomy syndrome thoracic region, unspecified myalgia and myositis and sciatica. Per the doctor's note dated 10/30/14, she had complaints of left knee pain, neck pain and stiffness, low back pain with radiation to the leg. The medications list includes dexilant, trazodone, colace, lyrica, venlafaxine, anaprox and tizanidine. She has had a lumbar MRI on 6/4/2014, thoracic MRI on 6/4/2013 which revealed multilevel spinal canal stenosis; right knee MRI which revealed medial meniscus tear and chondrosis of patellofemoral compartment. She has undergone T8-9-10 laminectomy on 8/20/13.She has had physical therapy visits and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bathroom portable safety railing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg (updated 10/27/14) Durable medical equipment (DME).

Decision rationale: ACOEM/ CA MTUS do not address this request. Therefore ODG used. Per the ODG guidelines regarding grab bar for the bathroom "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature....." The rationale for the need of this safety railing is not specified in the records provided. Significant functional limitations that require bathroom portable safety railing are not specified in the records provided. The medical necessity for Bathroom portable safety railing is not fully established at this time.

Acupuncture 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented..." The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Acupuncture 2 times a week for 3 weeks is not fully established for this patient.