

Case Number:	CM14-0206875		
Date Assigned:	12/15/2014	Date of Injury:	07/19/2008
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic Surgery, has a subspecialty in ENTER SUBSPECIALTY 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:

According to the records made available for review, this is a 42-year-old female with a 7/19/08 date of injury. At the time (11/11/14) of the request for authorization for DME: hand controls, there is documentation of subjective (back and shooting pain) and objective (continued limitations in her hip, weightbearing on the right leg is somewhat difficult, 4/5 weakness in the right EHL, tibialis anterior, gastrocs, and quads, both calves have significant spasms, mild diffuse weakness in the right arm) findings, current diagnoses (chronic back and radiating leg pain, symptoms consistent with right L5 radiculopathy, status post L5-S1 right hemilaminotomy/discectomy in 2010, chronic neck and radiating right arm pain, status post C6-7 anterior cervical discectomy and fusion in 2010, rule out pseudoarthrosis cervical spine, and previous history of five intubations for asthma), and treatment to date (medication). there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury; and that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hand controls: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested DME: hand controls. Within the medical information available for review, there is documentation of diagnoses of chronic back and radiating leg pain, symptoms consistent with right L5 radiculopathy, status post L5-S1 right hemilaminotomy/discectomy in 2010, chronic neck and radiating right arm pain, status post C6-7 anterior cervical discectomy and fusion in 2010, rule out pseudoarthrosis cervical spine, and previous history of five intubations for asthma. However, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury. In addition, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for DME: hand controls is not medically necessary.