

Case Number:	CM15-0007070		
Date Assigned:	01/22/2015	Date of Injury:	12/24/2003
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 worker is a 52 year old female, who sustained an industrial injury on December 24, 2003. The mechanism of injury is unknown. The diagnoses have included lumbar sprain/strain, displacement thoracic/lumbar intervertebral disc without myelopathy, postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis radiculitis unspecified and sprain/strain of sacroiliac. Treatment to date has included diagnostic studies, surgery and medications. Currently, the IW complains of shooting pain to her toes with tingling. She had an antalgic gait. She reported that she used to walk 20-30 minutes but it recently increased to up to 40 minutes with breaks. On January 6, 2015, Utilization Review non-certified heel cups and donut pillow, noting the Official Disability Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of heel cups and donut pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heel cups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Heel Pads

Decision rationale: ODG states "Recommended as an option for plantar fasciitis, but not for Achilles tendonitis."The medical documentation provided do not indicate that this patient has been diagnosed with any condition of the heel or foot that would warrant this type of insert. As such, the request for Heel cups is not medically necessary.

Donut Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tail bone doctor pick a tail bone cushion(<http://www.pickatailbonecushion.html> last updated 03/17/12

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment (DME) Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below", and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The medical documentation provided does not indicate subjective or objective findings of difficult or painful sitting. The treating physician has not provided rationale behind the request for this equipment. As such, the request for Donut Pillow is not medically necessary.