

Case Number:	CM15-0131651		
Date Assigned:	07/17/2015	Date of Injury:	01/26/2011
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on January 26, 2011, incurring left wrist injuries. She was diagnosed with left carpal metacarpal joint arthrosis. She underwent a left wrist carpal tunnel release. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, and work restrictions. Currently, the injured worker complained of persistent left thumb pain. She noted the pain radiating up into her arm with restricted extension and flexion. The injured worker also complained of low back pain and tailbone pain radiating down her leg from a slip and fall in March 2013. She complained of progressive pain while sitting for prolonged periods. She was treated with anti-inflammatory drugs and rest. The treatment plan that was requested for authorization included a retrospective request from May 12, 2015 for a donut for assisting in sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (5/12/2015) for a donut for assisting in sitting: Overturned

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
<http://www.nlm.nih.gov/medlineplus/ency/article/000008.htm>.

Decision rationale: As noted by Medline plus, first aid treatment for tailbone trauma is to relieve pressure on the tailbone by sitting on an inflatable rubber ring or cushions. In this case, the injured worker has presented with complaints of tailbone pain and progressive pain while sitting for prolonged periods. The request for a donut pillow is supported to alleviate pressure of the coccyx during sitting. The request for Retrospective request (5/12/2015) for a donut for assisting in sitting is medically necessary and appropriate.