

Case Number:	CM15-0144742		
Date Assigned:	08/07/2015	Date of Injury:	11/20/1996
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 78 year old female, who sustained an industrial injury on 11-20-1996. The initial diagnoses or complaints at time of injury were not clearly documented. On provider visit dated 06-09-2015 the injured worker has reported abdominal pain and left lower extremity edema. On examination, the injured worker was noted to ambulate with assist of a walker. Bilateral knees were noted to have increased pain with range of motion, positive muscle spasm of bilateral trapezius muscles, positive tenderness to touch at the left abdomen over the area of a known left kidney cyst. And lower extremity was noted to have 2+ pitting edema. The diagnoses have included chronic pain- low back pain, knee and neck, and hypertension. Treatment to date has included medication. The provider requested bifocals - 1 pair and diabetic shoes - 1 pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetic shoes, 1 pair: 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), Diabetes (Type 1, 2, and Gestational): Foot problems. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA in 42 CFR 414.202.

Decision rationale: As shared previously, this claimant was injured in 1996 with reported abdominal pain and left lower extremity edema. On examination the injured worker was noted to ambulate with assist of a walker. Bilateral knees were noted to have increased pain with range of motion, and the lower extremity was noted to have 2+ pitting edema. The diagnoses have included chronic pain- low back pain, knee and neck, and hypertension. Treatment to date has included medication. There is no mention of diabetic foot issues. There is no mention of visual deficits, or how injury treatment would benefit from bifocals. Again as previously shared, Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use. 2. Is primarily and customarily used to serve a medical purpose. 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. Shoes are commonplace, and the choice of what shoes one wears is up to the individual. There are no unique or special medical conditions noted to attest the claimant needs diabetic shoes. The request is not medically necessary.

Bifocals, 1 pair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Optometric Association. Care of the patient with presbyopia. St Louis (MO): American Optometric Association; 2010. 61 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) in 42 CFR 414.202.

Decision rationale: This claimant was injured in 1996 with reported abdominal pain and left lower extremity edema. On examination the injured worker was noted to ambulate with assist of a walker. Bilateral knees were noted to have increased pain with range of motion, and the lower extremity was noted to have 2+ pitting edema. The diagnoses have included chronic pain low back pain, knee and neck, and hypertension. Treatment to date has included medication. There is no mention of visual deficits, or how injury treatment would benefit from bifocals. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use. 2. Is primarily and customarily used to serve a medical purpose. 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. Eyeglasses generally do not meet criteria for special medical equipment for injury treatment, as so many people need bifocals. There was no damage to the eyes as a result of injury or a medical condition noted. There was no special or unique eye condition that would drive the need for the equipment for medical treatment. The request is not medically necessary.