

Case Number:	CM15-0165285		
Date Assigned:	09/02/2015	Date of Injury:	01/24/2013
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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 39 year old male who sustained an injury on 1-24-13. The initial symptoms and complaints from the injury are not included in the medical records. Diagnoses are PT dysfunction; swelling of limb; equinus deformity; coalition of calcaneus; pain in limb; fungus, onychomycosis MCR. Diagnostic tests MRI right ankle 2-24-15 and X-rays and CT scan right foot. 4-23-15 Unna boot cast was applied to affected extremity to aid in reduction of swelling and to provide compressive therapy, recommended a CAM walker boot to wear, TENS machine pads, electrodes x 6 months; rest his foot and to remain off work for 2 month. The musculoskeletal examination of the right lower extremity reveals pain on palpation to the CCJ; pain on range of motion of the 1st metatarsal phalangeal joint; some decrease in range of motion; foot is in acceptable alignment and position; reduced dorsiflexion at the ankle with the kneed extended but improves with the knee flexed; no inversion or eversion is noted. The IW has been approved for surgery and on 4-16-15 reconstructive foot surgery was performed. An evaluation done on 7-20-15 plan for PT dysfunction is to schedule surgery to remove hardware, resect the coalition, and fuse the STJ and TNJ. A request for an ice cooling unit to help reduce swelling and pain and reduce post op hospital stay and authorization for hospital bed for the IW to use when he returns home to recover. Medications include Terbinafine HCL tab, 250 mg. once a day #90. The Unna boot was applied to the affected extremity to aid in reduction of swelling and to provide compressive therapy. The IW was working. Current request is for a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore, criteria have not been met per the ODG and the request is not medically necessary.