

Case Number:	CM15-0166520		
Date Assigned:	09/11/2015	Date of Injury:	04/16/1979
Decision Date:	10/16/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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, New York, 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 applicant is a represented 85-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of April 16, 1979. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for a medical alert, caregiver, and a double bed. The claims administrator did apparently issue modified approval for a home health evaluation, however. The claims administrator referenced a July 17, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On a handwritten note of July 17, 2015, the applicant reported ongoing complaints of progressively worsening low back pain radiating into leg. Motrin was endorsed. The applicant was asked to pursue unspecified injection. Rails, a medical alert, a double bed, and a caregiver were endorsed. The applicant was retired, it was reported. Overall commentary was sparse, thinly developed, difficult to follow, and not entirely legible. ThermaCare heat wraps were sought along with bathtub rails of some kind. The applicant was asked to wear a medical alert bracelet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Alert Bracelet: 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), Knee and Leg Chapter, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Product Description http://www.americanmedical-id.com/about_us/frequent.php.

Decision rationale: No, the request for a medical alert bracelet was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the device vendor indicated in its product description that individuals with certain medical conditions, such as food or drug allergies, cardiac problems, pulmonary problems, kidney failures, memory impairment, diabetes, epilepsy, rare diseases, etc., should wear medical ID bracelets or medical alert bracelets to alert emergency medical professionals in an emergency, here, however, the attending provider's handwritten progress note of July 17, 2015 was difficult to follow, thinly developed, not altogether legible, did not clearly state for what issue, diagnosis, and/or purpose the medical alert bracelet/medical ID bracelet had been proposed. There was no mention of the applicant's having any rare medical conditions, cardiac conditions, memory issues, etc., which would have compelled provision of the medical alert bracelet in question on the handwritten July 17, 2015 progress note at issue. Therefore, the request is not medically necessary.

Caregiver 6 hours per day for 5 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Similarly, the request for a caregiver 6 hours a day for 5 days a week was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment does not include homemaker services such as cooking, cleaning, shopping, etc., per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Here, the attending provider did not state what issues and/or medical services he intended for the caregiver/home health aide to provide. Therefore, the request is not medically necessary.

Double bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Disorders Chapter 12 (updated 2007); ODG Low Back Chapter, Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chronic Pain, 3rd ed., pg. 861--862.

Decision rationale: Similarly, the request for a double bed was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes as there is 'no quality evidence' that specific commercial products have roles in the prevention or treatment of chronic low back pain or other chronic pain syndromes. The attending provider's handwritten July 17, 2015 progress note failed to furnish clear or compelling evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.