

<b>Case Number:</b>	CM15-0197500		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: 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 58-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 13, 2002. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for a medical reminder bracelet. An August 19, 2015 office visit was referenced in the determination. The claims administrator apparently denied the request on causation grounds, stating that the treatment in question was not medically necessary to cure or relieve the effects of the work-related injury. The claims administrator acknowledged that the applicant had issues with hemochromatosis, anemia, and glucose-6-phosphate dehydrogenase abnormality. The applicant's attorney subsequently appealed. On said August 19, 2015 office visit, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had apparently completed a functional restoration program, it was reported. The applicant was described in the Diagnoses section of the report as having issues with chronic low back pain status post a failed lumbar spine surgery, a hernia status post herniorrhaphy surgery, chronic pain syndrome, anemia, hemochromatosis, and glucose-6-phosphate dehydrogenase abnormality. The applicant was asked to follow up on an as-needed basis. A medical reminder bracelet was seemingly sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Reminding Bracelet:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.americanmedical-id.com>.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Yes, the request for a medical reminder bracelet was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 2, page 23, an inquiry focus on the claimant's past medical history may include history of surgery, hospitalizations, medications, allergies, and illnesses, which require periodic attention. Here, the attending provider reported on August 19, 2015 that the claimant had various comorbidities including hemochromatosis, glucose-6-phosphate dehydrogenase abnormality, and anemia. Furnishing the applicant with a medical reminder bracelet or medical history bracelet to apprise future providers of the particulars of the applicant's medical history, medication history, and so on was, thus, indicated. Therefore, the request was medically necessary.