

<b>Case Number:</b>	CM15-0215532		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

This 56 year old male sustained an industrial injury on 11-16-13. Documentation indicated that the injured worker was receiving treatment for low back and right hip pain. The injured worker underwent right total hip replacement on 10-16-15. In a postoperative report dated 10-21-15, the injured worker complained of right lower extremity pain, especially in the right calf. The physician was concerned that the injured worker had developed a right calf deep vein thrombosis. The physician referred to the injured worker to go to the Emergency Department for evaluation and Doppler ultrasound. The treatment plan included starting Lovenox, Dilaudid, ferrous gluconate, Folic Acid and Multivitamin, referral to an internal medicine physician, continuing Prilosec and Colace) and requesting a reacher-grabber. On 10-22-15, Utilization Review noncertified a request for a reacher-grabber and modified a request for Ferrous-gluconate 325mg #90 to Ferrous-gluconate 325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reacher-grabber:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.

**Ferrous gluconate 325mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/ferrous-gluconate.html](http://www.drugs.com/mtm/ferrous-gluconate.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, ferrous gluconate.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of iron deficiency states. The patient does not have these diagnoses due to industrial incident. Therefore, the request is not medically necessary.