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| Case Number: | CM15-0032322 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/27/2000 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 68 year old female, who sustained an industrial injury on October 27, 2000. She has reported an injury from a fall. The diagnoses have included complete rupture of the rotator cuff, lumbosacral spondylosis without myelopathy, lumbago, cervicgia, pain in the joint involving the shoulder region and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, surgery, and exercises. On February 24, 2015, the injured worker complained of diffuse low back pain described as an aching pain. The pain was rated as a 7 on a 1-10 pain scale. She also complained of bilateral shoulder, wrist, hand and finger pain described as aching and numbness. Notes state that she would benefit from a coccyx cushion to improve sitting posture and relieve lower back tension. On February 11, 2015, Utilization Review non-certified one ring cushion, noting the Official Disability Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of one ring cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ring Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg.

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

Decision rationale: Guidelines state that durable medical equipment is used to serve a medical purpose but is not useful in the absence of an illness or injury. The clinical documents did not indicate a rationale for a ring cushion and there is no documentation indicating the medical purpose of the ring cushion. Given the lack of rationale and information regarding the medical purpose of this device, this request for a ring cushion is not medically necessary and appropriate.