

<b>Case Number:</b>	CM15-0033417		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 22-year-old female who reported an injury on 09/17/2013. The mechanism of injury occurred when the hard drive fell onto her foot causing strain. Her diagnoses include CRPS type 1, lower extremity. On 03/13/2015, the injured worker complained of complex regional pain syndrome of the left lower extremity. Her present pain was rated at a 10 on the pain scale primarily located in the left foot and low back. The physical examination of the lumbar spine revealed facet left sided pain at L3-S1. The injured worker's left foot was noted to be cold to touch with allodynia and hyperesthesia and mottling purplish color of the skin at the dorsum of the left foot with diffuse edema in the left compared to the right foot. The treatment plan included refill of prescription medications and follow-up in 1 month. Her current medications were noted to include MS Contin 30 mg, Soma 350 mg, Sonata 5 mg, Neurontin 300 mg, amitriptyline 50 mg, and Ultram 50 mg. The injured worker's Oswestry Disability Exam was rated 43 indicating severe disability. The treatment plan also included a medical bed purchase, psychiatric consultation and in home care. The rationale is not provided. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Bed, Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government services, [http://www.cignamedicare.com/dmerc/dmsm/dmsm/c09/sm09\\_hbed\\_b\\_semielectronic.html](http://www.cignamedicare.com/dmerc/dmsm/dmsm/c09/sm09_hbed_b_semielectronic.html), [http://www.aetna.com/cpb/medical/data/500\\_599/0543.html](http://www.aetna.com/cpb/medical/data/500_599/0543.html), Official Disability Guidelines: Lumbar Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, Durable medical equipment (DME).

**Decision rationale:** According to the Official Disability Guidelines, durable medical equipment is defined as equipment, which can withstand repeated use, primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The injured worker was indicated to have severe foot pain and a high score on her Oswestry Disability Exam. However, a medical bed does not serve a primary medical purpose. Therefore, would not fall within the definition of DME per ODG. In addition, there was lack of a clear rationale to indicate the medical necessity for a medical bed purchase. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Psychiatric Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**Decision rationale:** The California MTUS Guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker was indicated multifocal pain complaints including complex regional pain syndrome of the left lower extremity. However, there was lack of documentation indicating a diagnostic evaluation distinguishing between conditions that are pre-existing or aggravated by the current injury or work related injury. There was also a lack of documentation in regards to a psychological review of systems on physical examination to indicate medical necessity for psychological consultation. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**In-home Care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The injured worker was indicated to have chronic left foot pain and low back pain. However, there was lack of documentation to indicate the injured worker was determined to be home bound, on a part time or intermittent basis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.