

Case Number:	CM15-0058690		
Date Assigned:	04/03/2015	Date of Injury:	02/03/2010
Decision Date:	06/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40-year-old male with an industrial injury dated 2/03/2010. The injured worker's diagnoses include neck pain, depression, status post L5-S1 total disc arthroplasty dated 5/9/2012, chronic back pain, chronic intractable pain, L5-S1 annular tear and L5-S1 disc degeneration. Treatment consisted of x-ray of the lumbar spine/cervical spine, computed tomography scan of the lumbar spine, prescribed medications, and periodic follow up visits. In a progress note dated 3/04/2015, the injured worker reported neck pain, lower back pain and right knee pain and headaches. Objective findings revealed antalgic gait with use of a single point cane, tenderness to palpitation of bilateral paravertebral muscles into the right buttocks and decrease range of motion. The treating physician reported that the injured worker had been utilizing a foam wedge for behind the knees as he cannot lie in a complete prone style position and he requires his knees bent. The treating physician also reported that through use of cleaning it needs to be replaced. The treating physician prescribed foam wedge for behind the knees (replacement) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foam Wedge for Behind the Knees (replacement): 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 (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of foam wedges. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. Foam Wedge may meet the criteria for durability and home use per Medicare classification. However, foam wedges are used by people who aren't sick or injured and not considered primarily used for 'medical reasons.' In this case, Foam Wedge are not classified as durable medical equipment and are not recommended per ODG. As such, the request for Foam Wedge for Behind the Knees (replacement) is not medically necessary.