MAXIMUS Federal Services

Case Number:	CM15-0234116		
Date Assigned:	12/09/2015	Date of Injury:	02/28/2003
Decision Date:	01/14/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/30/2015

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
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 65 year old male who sustained an industrial-work injury on 2-28-03. The injured worker was diagnosed as having lumbosacral disc degeneration, neuritis, spinal stenosis, knee chondromalacia of patella, and knee arthralgia. Treatment to date has included medication: Pennsaid, Soma; physical therapy, and left knee steroid injection. CT scan reports were reported on 12-12-12 revealed moderate-severe central canal stenosis at L4-5, as well as multi-level grade 1 spondylolisthesis. Currently, the injured worker complains of left knee pain rated 8 out of 10 and also low back pain rated 5 out of 10. Per the examination on 8-10-15, exam noted ambulation using a cane, lumbar range of motion: flexion at 60 degrees and extension at 20 degrees, diffuse tenderness, and negative straight leg raise bilaterally. Left knee exam noted straight leg raise performed well, no laxity, marked crepitus on range of motion, medial joint line tenderness, and sensation is intact. The Request for Authorization requested service to include Heavy foam wedges for lumbar spine and under knees when sleeping, quantity 2. The Utilization Review on 11-9-15 denied the request for Heavy foam wedges for lumbar spine and under knees when sleeping, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heavy foam wedges for lumbar spine and under knees when sleeping, quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Mattress Selection.

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 Chapter, under Durable Medical Equipment.

Decision rationale: The patient presents on 10/19/15 with "unchanged" complaints and is requesting a supartz injection to the left knee. The patient's date of injury is 02/28/03. The request is for Heavy foam wedges for lumbar spine and under knees when sleeping, Quantity 2. The RFA is dated 11/02/15. Physical examination dated 10/19/15 reveals back paravertebral spasms, reduced back range of motion, and medial joint line tenderness in the left knee. The patient's current medication regimen is not provided. Patient is currently not working. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the foam wedges for this patient's lower back and knee complaint, such items do not constitute durable medical equipment per ODG guidelines. Official disability guidelines classify DME based on several criteria: the ability to withstand repeated use, used primarily to treat a medical condition, a lack of usefulness in the absence of illness or injury, and appropriateness for use in the home. In this case, foam wedges can withstand repeated use and are appropriate for use in the home, however they are likely useful to the patient in the absence of illness or injury and cannot be considered primarily useful solely for a medical condition. Therefore, the requested wedges cannot be considered durable medical equipment and the request is not medically necessary.