

Case Number:	CM14-0146217		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2010
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported an injury on 08/20/2010 due to a trip and fall. The injured worker has diagnoses of status post cervical fusion. Past medical treatment consists of physical therapy, surgery, aquatic therapy, acupuncture, use of a TENS unit, cognitive therapy, external bone stimulator, and medication therapy. Medications include Cymbalta, Lisinopril, Elavil, Lyrica, and Norco. Diagnostics the injured worker has undergone consist of radiology, cervical radiographs, and MRIs. On 09/17/2014, the injured worker complained of pain. Physical examination revealed that the injured worker was alert and oriented. Incision site was well healed. Neural exam was unchanged. There were no range of motion values, motor strengths, or sensory deficits documented in the submitted report. Treatment plan is for the injured worker to remove neck collar and continue with bone stimulator. The provider is also requesting ADL assistive devices. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long handled shoehorn, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 06/05/14), Durable Medical Equipment (DME)

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

Decision rationale: The request for long handled shoehorn, QTY: 1 is not medically necessary. According to ODG, recommendations for durable medical equipment is generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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; and (4) is appropriate for use in a patient's home. Given the above, the injured worker does not meet the ODG criteria for the use of a long handled shoehorn. The submitted documentation did not indicate that the injured worker had any issues putting on her shoes. The physical examination lacked any indication that the injured worker was unable to do so. As such, the request is not medically necessary.

Sock aid (plastic), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 06/05/14), Durable Medical Equipment (DME)

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.

Decision rationale: The request for Sock aid (plastic), QTY: 1 is not medically necessary. According to ODG, recommendations for durable medical equipment is generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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; and (4) is appropriate for use in a patient's home. Given the above, the injured worker does not meet the ODG criteria for the use of a Sock aid (plastic). The submitted documentation did not indicate that the injured worker had any issues putting on her shoes. The physical examination lacked any indication that the injured worker was unable to do so. As such, the request is not medically necessary.

Dressing stick, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 06/05/14), Durable Medical Equipment (DME)

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.

Decision rationale: The request for Dressing stick, QTY: 1 is not medically necessary. According to ODG, recommendations for durable medical equipment is generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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; and (4) is appropriate for use in a patient's home. Given the above, the injured worker does not meet the ODG criteria for the use of a Dressing stick. The submitted documentation did not indicate that the injured worker had any issues putting on her clothes. The physical examination lacked any indication that the injured worker was unable to do so. As such, the request is not medically necessary.

A Reacher: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 06/05/14), Durable Medical Equipment (DME)

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.

Decision rationale: The request for a Reacher, QTY: 1 is not medically necessary. According to ODG, recommendations for durable medical equipment is generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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; and (4) is appropriate for use in a patient's home. Given the above, the injured worker does not meet the ODG criteria for the use of a Reacher. The submitted documentation did not indicate that the injured worker had any issues reaching for objects. The physical examination lacked any indication that the injured worker was unable to do so. As such, the request is not medically necessary.

Wedge pillow, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 06/05/14), Durable Medical Equipment (DME)

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.

Decision rationale: The request for Wedge pillow, QTY: 1 is not medically necessary. According to ODG, recommendations for durable medical equipment is generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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; and (4) is appropriate for use in a patient's home. Given the above, the injured worker does not meet the ODG criteria for the use of a Wedge pillow. The submitted documentation did not indicate a rationale as to how the injured worker would benefit from the use of a wedge pillow. Given the above, the injured worker is not within ODG criteria. As such, the request is not medical necessary.

Replacement padding for cervical collar, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (updated 08/04/14), Collars (Cervical)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Collars (cervical).

Decision rationale: The request for Replacement padding for cervical collar, QTY: 1 is not medically necessary. The ODG does not recommend the use of collars for neck sprains. The patient's diagnosis with whiplash associated disorders and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. May be appropriate where postoperative and fracture indications exist. A recent high quality study found little difference among conservative whiplash therapies, with some advantage to mobilization over immobilization. Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an orthosis provides greater restriction of range of motion but may also force the neck into relative extension. Because functional range of motion was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for degenerative disease. Given the above, the request is not recommended by the ODG. As such, the request for replacement padding would not be warranted, seeing as that the ODG do not recommend the use of cervical collars. As such, the request is not medically necessary.