

<b>Case Number:</b>	CM14-0155855		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/26/2007
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Medicine and is licensed to practice in California. 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 patient is a female with a date of injury on 8/26/2007. The patient was lifting a heavy table with a co-worker when her foot got tangled in the carpet and she fell onto her buttocks injuring her low back. The patient had an MRI dated 12/07 which showed 50% compression fracture at the L1, edema in the vertebral body. Treatment has included a cane, physical therapy, medication, yoga, art therapy, Wellbutrin and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Low Back - does not address

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicare.gov/coverage/durable-medical-equipment-coverage.html>.

**Decision rationale:** The patient participated in a Functional restoration program dated 9/5/14. The patient had limited functional duties but overall muscle tone was improving. According to the cited guidelines, durable medical equipment is needed if the following criteria are met: -

Durable (long-lasting) - Used for a medical reason- Not usually useful to someone who isn't sick or injured- Used in your home. According to the medical records, there is no documentation or medical reason as to why a reacher is needed. Therefore, this request is not medically necessary.