MAXIMUS Federal Services

Case Number:	CM15-0041079		
Date Assigned:	03/11/2015	Date of Injury:	10/03/2012
Decision Date:	05/29/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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 64-year-old male, who sustained an industrial injury on 10/03/2012. He reported an pain to his right shoulder, spasms between his shoulder blades, and tightness around his neck. The injured worker is currently diagnosed as having myofascial sprain/strain on the cervical spine with right upper extremity radiculopathy, myofascial sprain/strain on the thoracic spine, myofascial sprain/strain on the lumbar spine, right shoulder sprain/strain, right knee contusions, right ankle strain, right fist metacarpophalangeal joint strain, and post-traumatic headaches. Treatment and diagnostics to date has included right shoulder MRI, cervical spine MRI, electromyography/nerve conduction studies, chiropractic treatment, physical therapy, and medications. In a progress note dated 04/18/2013, the injured worker presented with complaints of cervical spine pain, headaches, right shoulder pain, thoracic spine pain, and lumbar spine pain. According to the application, Independent Medical Review is being requested for a home safety kit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Home safety kit for the lumbar spine DOS: 7/27/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Durable medical equipment.

Decision rationale: Based on the 9/18/13 progress report provided by the treating physician, this patient presents with neck pain rated 5-6/10 radiating down right arm and mid back, headaches, and right shoulder pain rated 8/10, pain in between shoulder blades and scapular area, and low back pain radiating to left hip and into bilateral lower extremities rated 9/10, and right knee/ankle pain per 4/18/13. The treater has asked for retro home safety kit for the lumbar spine DOS: 7/27/2013 but the requesting progress, report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a prior lower back injury from 2006, a right ankle sprain and low back injury in 2012, and multiple motor vehicle accidents in past 20 years that injured his right shoulder per 4/18/13 report. The patient's current medications are Januvia 100mg, Lisinopril, and Codeine per 4/18/13 report. The patient would like to avoid medication so as not to jeopardize his Class 1 driver's license status, and will see an internist to discuss the types of medication he can take per 4/18/13 report. The patient has undergone chiropractic treatment and physical therapy per 7/5/13 report. The patient is able to return to work on 4/19/13 with restriction of no repetitive reaching, no overhead work, no lifting greater than 10 pounds, no repetitive bending, squatting, stooping, lifting, pushing or pulling per 4/18/13 report. The MTUS and ACOEM Guidelines do not address this request. ODG lumbar chapter does not have a section for durable medical equipment. However, the ODG Guidelines under the Knee and Leg chapter on durable medical equipment states, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." 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. (CMS, 2005)The treater does not provide a rationale to explain the requested "home safety kit for the lumbar spine" in the included documentation. The utilization review letter dated 2/3/15 denies the request and also cites ODG guideline, knee chapter, for durable medical equipment. In this case, the ODG Guidelines recommend durable medical equipment if there is a medical need, it can withstand repeated use, is primarily used to serve a medical purpose, is not useful to a person in the absence of an injury, and is appropriate for use in a patient's home. Given the lack of an explanation as to what the home safety kit includes, the medical necessity of the request cannot be established. The request is not medically necessary.