

Case Number:	CM15-0044155		
Date Assigned:	03/16/2015	Date of Injury:	07/03/2000
Decision Date:	05/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Family Practice

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 47-year-old male who reported an injury on 07/03/2000. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/13/2015. Documentation of 02/13/2015 revealed the injured worker had pain in the pelvis, right shoulder, right knee, right ankle, and his back. The injured worker had tenderness to the cervical spine trapezius and lumbar spine paravertebral muscles. There was weakness on the right. The injured worker had a positive straight leg raise. The diagnosis included internal derangement, knee, NOS; brachial neuritis, NOS; and derangement, NOS, shoulder. The treatment plan included an orthotic mattress to help the injured worker sleep, massage therapy, and a right knee and right ankle support, as well as an inversion table for lumbar spine traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress: 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), Low Back Chapter- Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress selection, Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines indicate that mattress selection is injured worker dependent. However, mattresses would be considered durable medical equipment. Additionally, per the referenced guidelines, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including can withstand repeated use, as in could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; and is generally not useful to an injured worker in the absence of illness or injury. There was a lack of documentation to support that a mattress is primarily and customarily used to serve a medical purpose and that it is not useful to an injured worker in the absence of illness or injury. Given the above, the request for orthopedic mattress is not medically necessary.

Right knee support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The clinical documentation submitted for review failed to provide the injured worker had instability upon physical examination. There was a lack of documentation indicating the injured worker had returned to work and was in need for the use of the brace for climbing ladders or carrying boxes. Given the above, the request for right knee support brace is not medically necessary.

Right ankle support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that putting joints at rest in a brace or splint should be for as short of time as possible. The clinical documentation submitted for review failed to indicate the injured worker had

instability upon physical examination to support the need for a brace. Given the above, the request for right ankle support brace is not medically necessary.

1 inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Inversion therapy, Traction.

Decision rationale: The Official Disability Guidelines indicate that a home based unit that the injured worker could control gravity traction may be a noninvasive conservative option if it is used as an adjunct to a program of evidence based conservative care to achieve functional restoration. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit as an adjunct to a program of evidence based conservative care to achieve functional restoration. Additionally, the request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for 1 inversion table is not medically necessary.