

Case Number:	CM13-0056107		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2005
Decision Date:	04/07/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on 11/30/05. He reports bilateral knee pain with clicking, catching, popping, locking, and giving way as well as right ankle pain. Treatments to date include ankle surgery, rest, ice, heat, activity modifications, brace, anti-inflammatories pain medications, and stretching and strengthening exercises. Diagnoses are bilateral knee and right ankle / foot pain. The most recent process note indicated the presence of residual pain bilateral knee with decreased ability to perform ADL. There was objective findings of antalgic gait with positive McMurray and Apley tests. In a progress noted dated 09/11/13 the treating provider recommends MRI studies of the knees, custom-fit orthotics, light weight gun belt, light weight vest and boots, and Synvisc One injections to both knees. On 11/05/13 Utilization Review non-certified the light weight vest and gun belt with accessories, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIGHTWEIGHT VEST AND GUNBELT WITH ACCESSORIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BLUE CROSS OF CALIFORNIA MEDICAL POLICY, DURABLE MEDICAL EQUIPMENT CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Orthotics. Durable medical equipment.

Decision rationale: The CA MTUS did not specifically address the use of orthotics and durable medical equipment. The ODG guidelines recommend that durable medical equipments and orthotics can be utilized to improve mobility and function of the affected joints. The records did not show subjective or objective findings of limitation of mobility caused by the use of standard weight vest and gun accessories. The surgical sites was noted to be well healed with minimal limitation to range of motion. The patient was able to ambulate without limitation. The criteria for the use of light weight vest, gun belt and gun accessories was not met.