Case Number:	CM14-0058995		
Date Assigned:	07/09/2014	Date of Injury:	03/11/1992
Decision Date:	10/13/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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: North Carolina
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 (n) 62 year old male, who sustained an industrial injury on 3-11-92. The injured worker was diagnosed as having traumatic amputation of left leg above knee, posttraumatic stress disorder, ankle sprain and lumbar disc displacement without myelopathy. The physical exam (12-19-13 through 1-30-14) revealed 7-9 out of 10 pain, lumbar flexion 60 degrees, and extension 25 degrees and lateral bending 25 degrees bilaterally. The right ankle range of motion was normal. Treatment to date has included Viagra, Fentanyl, Neurontin and Voltaren gel. As of the PR2 dated 3-27-14, the injured worker reports constant pain in his lower back traveling to his lower extremities, left thigh pain and right ankle pain. He rates his pain7-8 out of 10. Objective findings include lumbar flexion 60 degrees, extension 25 degrees and lateral bending 25 degrees bilaterally. There is also tenderness at the left thigh and hip. The treating physician requested an inversion table. On 4-11-14, the treating physician requested a Utilization Review for an inversion table, a lumbar brace, a pair of padded gloves for use with wheelchair, a prosthetic device for dorsiflexion and a Kinterra foot-ankle prosthetic device. The Utilization Review dated 4-16-14, non-certified the request for an inversion table and certified the request for a lumbar brace, a pair of padded gloves for use with wheelchair, a prosthetic device for dorsiflexion and a Kinterra foot-ankle prosthetic device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.