

Case Number:	CM13-0010533		
Date Assigned:	06/06/2014	Date of Injury:	06/04/2004
Decision Date:	07/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 injured worker is a 44 year old female who reported an injury on 06/04/2004 due to a fall. The injured worker had micro-laminectomy on 06/27/2013. The injured worker had complaints of back and leg pain. Physical examination on 04/18/2014 revealed for the lumbar spine, flexion was to 30/90 degrees, extension was to 10/90 degrees. Medications were ibuprofen, tramadol, Norco. Diagnosis was degenerative disc disease. The injured worker had sixteen physical therapy visits that were reported in the document. The injured worker had post-operative examination on 03/05/2014 which revealed flexion of lumbar spine was to 40/90 degrees. A request was submitted for additional physical therapy due to abnormal flexion. The injured worker rented equipment before her surgery and wants to be reimbursed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SHOWER CHAIR: 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) Knee, Durable Medical Equipment.

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

Decision rationale: The request for 1 shower chair is not medically necessary. Official Disability Guidelines state most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Some items are medically necessary if the patient is bed or room confined. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. The injured worker was not bed or room confined. Therefore, the request for 1 shower chair is non-medically necessary.

1 SHOWER HOSE: 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) Knee, Durable Medical Equipment.

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

Decision rationale: The request for 1 shower hose is not medically necessary. Official Disability Guidelines state most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Some items are medically necessary if the patient is bed or room confined. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The item requested is not medically necessary. Therefore, the request for 1 shower chair is not medically necessary.

1 REMOVABLE SHOWER BAR: 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) Knee, Durable Medical Equipment.

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

Decision rationale: The request for 1 removable shower bar is not medically necessary. Official Disability Guidelines state most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Some items are medically necessary if the patient is bed or room confined. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment

for prevention of injury, but environmental modifications are considered not primarily medical in nature. The item requested is not medically necessary. Therefore, the request for 1 removable shower bar is not medically necessary.

1 MEDICAL BED: 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) Knee, Durable Medical Equipment.

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

Decision rationale: The request for 1 medical bed is not medically necessary. Official Disability Guidelines state for durable medical equipment it must withstand repeated use, could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury. The document submitted did not say a medical bed was medically necessary. The injured worker was still able to ambulate without assistance and could sit and stand. The request for a medical bed is not medically necessary. Therefore, the request is not medically necessary.

12 PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98, 99 Page(s): 98-99.

Decision rationale: The request for 12 physical therapy sessions is not medically necessary. The injured worker had 16 physical therapy sessions reported post-operative. It was not reported that the injured worker was continuing with home exercises. Pain values and functional improvement were not submitted. The California Medical Treatment Utilization Schedule states active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has had 16 physical therapy sessions post-operatively. Therefore, the request is not medically necessary.