MAXIMUS Federal Services

Case Number:	CM13-0016397		
Date Assigned:	11/06/2013	Date of Injury:	04/22/2011
Decision Date:	01/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 35-year-old male with a reported date of injury on 04/22/2011. The patient had tenderness about the right hip with guarding, pain and discomfort with right sitting straight leg raise to 80 degrees, and minimal hip internal/external rotation. The patient's head was grossly atraumatic and the neck was unremarkable. The patient underwent hip replacement revision on 09/25/2013. The patient had diagnoses including right hip fracture with leg length discrepancy, MRSA to methicillin resistant Staphylococcus aureus carrier with a prior right groin infection, chronic pain, gait derangement, closed head injury, renal failure, diabetes, hyperlipidemia, diabetic chorioretinitis, hypertension, and right hip infection status post debridement 05/09/2012. The physician's treatment included a request for staffing assessment for home health care, sleep by numbers adjustable bed, and a shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

staffing assessment for home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California MTUS guidelines note home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per the most recent clinical documentation, the patient was in a skilled nursing facility as of 10/20/2013. Within the provided documentation, the duties intended to be performed by home health were unclear. Therefore, the request for staffing assessment for home health care is neither medically necessary nor appropriate.

sleep by numbers adjustable 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)

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, Mattress Selection

Decision rationale: The California MTUS guidelines and ACOEM do not address. The Official Disability Guidelines note it is not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, the guidelines do not recommend specialized mattresses for conditions other than pressure ulcers. A sleep by numbers adjustable bed is neither medically necessary nor appropriate.

shower chair: Upheld

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

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

Decision rationale: The California MTUS guidelines and ACOEM do not address. The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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 guidelines note the term DME is defined as equipment which: can withstand repeated use, i.e., 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; & is appropriate for use in a patient's home. The requesting physician's rationale for the request was unclear within the provided documentation. Additionally, the Guidelines note most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Therefore, the request for a shower chair is neither medically necessary nor appropriate.