

Case Number:	CM13-0018635		
Date Assigned:	12/04/2013	Date of Injury:	02/22/2001
Decision Date:	04/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 61-year-old female who reported injury on 02/22/2001. The mechanism of injury was a trip and fall on cracked concrete. Documentation of 08/01/2013 revealed the patient had complaints of severe and constant right ankle pain, right knee pain and low back pain. The patient indicated they had trouble with balance and had several falls. The objective findings indicated that the patient was 226 pounds and had a decrease of 12 pounds since the last visit. The patient had acute tenderness in the midline lower lumbar spine and left buttock. The patient walked with an antalgic gait. The patient had decreased range of motion. The patient's diagnoses were noted to include sprain and herniated nucleus pulposus of the lumbar spine, status post open reduction internal fixation fracture right ankle with deltoid ligament repair and pes anserine tendonitis. The request was made for home care 4 hours per week to help with some of the more difficult home chores the patient was unable to do and a walk in bathtub as well as bars and handles in the bathroom due to severe right ankle and low back pain and a new orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALK IN TUB AND SUPPORT BARS/RAILS: 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 and Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & ANKLE, DME, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment which includes 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 and is generally not useful to a person in the absence of illness or injury. Clinical documentation submitted for review failed to provide documentation that the requested service would meet the criteria for durable medical equipment. Additionally, shower grab bars are considered a self-help device and are not primarily medical in nature. Given the above, the request for a walk in tub and support bars/rails is not medically necessary.

HOME CARE 4 HOURS A WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: California MTUS Guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part time medical treatment for up to 35 hours per Final Determination Letter for IMR Case Number [REDACTED] 4 week. Medical treatment does not include homemaker services. The clinical documentation submitted for review indicated the necessity for assistance with home chores, which is not recommended per California MTUS guidelines. The request as submitted failed to indicate a duration for the request of home care for 4 hours per week. Given the above and the lack of documentation, the request for home care 4 hours per week is not medically necessary