

Case Number:	CM13-0024151		
Date Assigned:	11/20/2013	Date of Injury:	05/15/1996
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and is licensed to practice in New York. 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.

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 claimant is a 54 year old male with a date of injury of 05/15/1996. He is a truck driver who was involved in a motor vehicle accident on 05/16/1996. In the accident his truck struck a guard rail and tipped onto the passenger side and then on the top of the cab. He was not wearing a seat belt in the collision. He sustained injuries to his head, shoulders, upper extremities, back, left lower extremity, teeth, and ribs. He has diagnoses of chronic knee pain, cervical pain, probable chronic regional pain syndrome of the right knee, and back pain. He has undergone total knee replacement of both knees without improvement. He has also undergone back surgery, bilateral carpal tunnel releases and bilateral rotator cuff repairs. On exam he has pain with ambulation, with decreased range of motion of the lumbar spine with straight leg raising positive of the left at 85 degrees. He is maintained on multiple medications for pain control. The treating provider has requested a modified bath tube, walking bars, ramps, rails, therapy tub, tub bench, shower bench and a replacement scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking Bars: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested walking bars are necessary to improve his mobility due to his chronic pain condition. The documentation indicates the claimant is ambulatory. The walking bars are not specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.

Ramps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested ramps are necessary to improve his chronic pain condition. There is no documentation indicating that the requested ramps are specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.

Therapy tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific

documentation that the requested therapy tub is necessary to improve his chronic pain condition. The requested therapy tub is not specifically required to ensure

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, Knee, Durable Medical Equipment .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested rails are necessary to improve his chronic pain condition. There is no documentation that the requested rails are specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.

Tub bench: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Bathtub seats.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested tub bench is necessary to improve his chronic pain condition. The tub bench is not specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.

Shower bench: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Bathtub seats.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested shower bench is necessary to improve his chronic pain condition. The shower bench is not specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.

Replacement scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Power Mobility Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested power scooter is necessary to improve his chronic pain condition. Specifically, there is no documentation the claimant cannot use a cane, walker or has the inability to propel a manual wheelchair. The requested power scooter is not specifically required to ensure subjective, objective and functional benefit to his condition. The requested item is not medically necessary.