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| Case Number: | CM13-0024885 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 11/10/2011 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 09/06/2013 |
| 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Texas. 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 40 year old male who reported an injury on 11/10/2011. The mechanism of injury was not provided. He has current diagnoses of cervical facet arthropathy, cervical radiculopathy, low back pain, and thoracic and lumbar sprain/strain. Range of motion is noted to be decreased by 30% and there is a positive Spurling's test bilaterally. The patient continued to complain of severe neck and back pain and had minimal benefit from physical therapy, massage therapy, steroid injections, and pain medication. There was a noted non-certification of a cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elevated toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group, Durable Medical Equipment Section- Commodes.

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 and ACOEM guidelines did not address the use of durable medical equipment; therefore the Official Disability Guidelines were supplemented. ODG recommends the use of DME if there is a medical need. In specific reference to a raised toilet seat, guidelines state that it may be necessary when prescribed for physical limitations. The records submitted for review had no documentation regarding the patient's inability to use a regular toilet seat. As such, the request for an elevated toilet seat is non-certified.

Front wheeled walker: 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 Chapter Wheeled Walker.

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, Walking aids.

Decision rationale: The California MTUS and ACOEM guidelines did not address the use of walkers, therefore the Official Disability Guidelines were supplemented. The guidelines recommend the use of a walker for knee pain and pain associated with osteoarthritis only. There was no documentation in the medical records reporting knee pain in the patient. Therefore, the request for a front wheeled walker is non-certified.

Reacher/Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and ACOEM guidelines did not address the use of durable medical equipment. The Official Disability Guidelines were supplemented and recommend DME if there is a medical need. There was no evidence in the medical records to support the use of reacher/grabber. There is no objective evidence or subjective complaints relating to the patient's inability to reach for items. Therefore, the request for a reacher/grabber is non-certified.