

Case Number:	CM13-0039512		
Date Assigned:	12/20/2013	Date of Injury:	09/03/2002
Decision Date:	06/09/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 57-year-old man who sustained a work-related injury on September 3, 2002. Subsequently the patient developed chronic back pain. The patient underwent the lumbar laminectomy. The patient had an MRI of the lumbosacral spine performed on January 11, 2010 which demonstrated the status post laminectomy at L4-L5 and L5-S1 level, and bilateral pedicle fusion at L5-S1 levels. According to a medical December 18, 2015 patient was complaining of LOSS of bowel control and problems with erection in addition to a chronic back pain. His physical examination demonstrated that the patient was working with a walker, his light sensation is diminished along the left anterior thigh, and left ankle. The provider requested authorization for 1 step stool for hospital bed and pillows.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 STEP STOOL FOR HOSPITAL 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 - TREATMENT FOR WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER: 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) Durable medical

equipment (DME). ONLINE VERSION

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Durablemedicalequipment>.

Decision rationale: According to ODG Guidelines, Durable Medical Equipment (DME) < 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). There is no documentation that the patient is bed- or room-confined, and devices such as raised toilet seats, is not medically necessary. There is no documentation that the prescribed bed is a part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Therefore the prescribed 1 Step Stool for Hospital Bed is not medically necessary.

FOUR PILLOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER: 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) DURABLE MEDICAL EQUIPMENT (DME) (ONLINE VERSION).

Decision rationale: According to ODG Guidelines, Durable Medical Equipment (DME) < 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a

person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). There is no documentation that the patient is bed- or room-confined, and that his condition requires the prescription of pillows. There is no documentation that the prescribed pillows is a part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Therefore the prescription of 4 Pillows is not medically necessary.