

Case Number:	CM13-0039820		
Date Assigned:	12/20/2013	Date of Injury:	12/09/2001
Decision Date:	02/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in Cardiology and is licensed to practice in 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 63-year-old male who reported an injury on 12/09/2001. The injury was noted to have occurred while the patient was handling an electric pallet jack moving 10 miles per hour after being struck on the left side when he was hit by another pallet tug. The patient's symptoms are noted to include low back pain, with radiation to his bilateral lower extremities. A plan has been made for a bilateral L4-5 laminectomy, partial facetectomy, and foraminotomy. The patient's diagnoses include lumbar facet joint pain, numbness, muscle pain, lumbar spondylosis, lumbar degenerative disc disease, lumbar radiculitis, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for a Reacher Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, online version.

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 (DME).

Decision rationale: The California MTUS/ACOEM do not address durable medical equipment. The Official Disability Guidelines, Knee Chapter, state that durable medical equipment is

recommended if there is a medical need and if the device or system meets the Medicare's definition of durable medical equipment. It further states that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The term durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. As the request for a reacher grabber does not serve a primarily medical purpose, it is not considered durable medical equipment and the request is not supported. Therefore, the request is non-certified

Request for a Raised Toilet Seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, online version.

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 (DME).

Decision rationale: The California MTUS/ACOEM do not address durable medical equipment. The Official Disability Guidelines, Knee Chapter, state that durable medical equipment is recommended if there is a medical need and if the device or system meets the Medicare's definition of durable medical equipment. It further states that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The term durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. As the request for a raised toilet seat does not serve a primarily medical purpose, it is not considered durable medical equipment and the request is not supported. Therefore, the request is non-certified

Request for 3 Home Health/Skilled Nurse Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home health services Page(s): 51.

Decision rationale: The California MTUS Guidelines state that 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 clinical information submitted for review fails to give detailed documentation related to the patient's homebound status. With the absence of documentation regarding whether the patient is truly homebound and specific details regarding the medical treatment the patient would be receiving from the home health service, recommendation cannot be made. Therefore, the request is non-certified.