

Case Number:	CM13-0042896		
Date Assigned:	12/27/2013	Date of Injury:	07/12/1984
Decision Date:	02/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice and is licensed to practice in California. 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 66-year-old female who reported an injury on 07/12/1984. The patient is diagnosed with lumbar sprain and strain, spondylosis with myelopathy in the lumbar region, spinal stenosis in the lumbar region with neurogenic claudication, and facet syndrome. The patient was seen by [REDACTED] on 07/01/2013. The patient reported constant lower back pain. Physical examination revealed tenderness to palpation with tightness of the paravertebral muscles from L3-5, increased discomfort in SI joints bilaterally and bilateral sacral muscles, diminished strength in bilateral lower extremities, and decreased sensation to touch in bilateral lower extremities. Treatment recommendations included batteries for the patient's scooter, batteries for the patient's wheelchair, a lift attachment for the wheelchair to the patient's vehicle, and a shower chair with railings in the shower/commode area.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOWER CHAIR WITH RAILING, WHEELCHAIR BATTERY-M71, SCOOTER BATTERY-DAYTONA GAIT TRAINING, WHEELCHAIR LIFT ATTACHMENT FOR AUTOMOBILE: 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 & Leg Chapter, Durable Medical Equipment.

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 Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. DME toilet items, including commodes, are medically necessary if the patient is bed or room-confined, and devices such as raised toilet seats, commode chairs, and portable whirlpool baths may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Environmental modifications are considered not primarily medical in nature. As per the clinical documentation submitted, the patient currently utilizes a walker. Given that the patient is able to utilize a walker for assistance with ambulation, a motorized scooter or motorized wheelchair are not medically necessary. There is also no indication that this patient is at high risk for falls to support the need for a shower chair with railing. There is no indication of significant functional deficits that would require any of the requested durable medical equipment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.