

Case Number:	CM13-0043542		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2012
Decision Date:	09/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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:

This is a 49-year-old male with an 8/9/2012 date of injury, when his supervisor asked him to stop what he was doing and assist in an area around a pipe which required a retaining wall. Without warning, the pipe release an excessive amount of pressure, throwing the patient back about six to eight feet. 10/23/14 determination was non-certified given insufficient support for the requested DME. 9/24/13 neurological re-examination report revealed that the patient was attending a program at [REDACTED] for cognitive rehabilitation and other issues have been addressed in the course of this activity including his anxiety. Physical examination revealed some difficulty with focus and attention. He also had bilateral temporomandibular joint syndrome. Tenderness was noted in the neck, left shoulder, and low back. He has otherwise normal strength, sensation and reflexes in the upper and lower extremities. Diagnoses include closed head injury with concussion with post-concussion syndrome with cognitive and mood impairment, balance impairment, headaches, ringing in the ears, bilateral temporomandibular joint syndrome, cervical strain, and left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grab Bar: Upheld

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

Decision rationale: 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. The patient has physical and cognitive deficits from the work injury, however, normal strength, sensation and reflexes in the upper and lower extremities. There was no indication that the request DME was medical in nature. The medical necessity was not substantiated. Therefore this request is not medically necessary.

Bilateral sturdy rails (both entrances): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: 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),ODG Knee & Leg Chapter.

Decision rationale: 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. The patient has physical and cognitive deficits from the work injury, however, normal strength, sensation and reflexes in the upper and lower extremities. There was no indication that the request DME was medical in nature or that it would be not usefull in absence of illness. The medical necessity was not substantiated. Therefore this request is not medically necessary.

Sturdy railing on patios: Upheld

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

Decision rationale: 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. The patient has physical and cognitive deficits from the work injury, however, normal strength, sensation and reflexes in the upper and lower extremities. There was no indication that the request DME was medical in nature or that it would be not usefull in absence of illness. The medical necessity was not substantiated. Therefore this request is not medically necessary.

Level and smooth sidewalk around house: Upheld

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

Decision rationale: 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. The patient has physical and cognitive deficits from the work injury, however, normal strength, sensation and reflexes in the upper and lower extremities. There was no indication that the requested home modification was medical in nature or that it would be not usefull in absence of illness. The medical necessity was not substantiated. Therefore this request is not medically necessary.

Level stairs with appropriate depth and height: Upheld

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

Decision rationale: 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. The patient has physical and cognitive deficits from the work injury, however, normal strength, sensation and reflexes in the upper and lower extremities. There was no indication that the requested home modification was medical in nature or that it would be not use full in absence of illness. The medical necessity was not substantiated. Therefore this request is not medically necessary.