MAXIMUS Federal Services

Case Number:	CM13-0055779		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2009
Decision Date:	03/28/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 42-year-old who reported injury on 05/21/2009. The patient's diagnosis was noted to be pain in joint involving the ankle and foot. The mechanism of injury was noted to be the patient's right foot slipped while walking and was caught against a concrete step off. Letter of Appeal dated 11/09/2013 revealed that the patient had pain in the right knee and pain in the right ankle and it was indicated the patient needed a grab bar in the bathroom for getting in and out of the shower. The patient was noted to have objective findings of tenderness at the ankle with mild swelling on the lateral malleolus, and the patient was walking with a mild limp. The patient had partial foot drop and peroneal neuropathy status post right peroneal nerve repair on 09/18/2009. In the plan, the physician indicated that a grab bar was recommended, per the AME, as the patient had 2 falls that had not caused major set backs. The physician opined the falls were related to the difficulties in the right lower extremity and, thus, industrial involvement was appropriate. The request was made for grab bars for the bathroom.

IMR ISSUES, DECISIONS AND RATIONALES

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

A grab bar for the bathroom: Upheld

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

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, shower grab bars.

Decision rationale: Official Disability Guidelines indicate that grab bars are considered a self help device and are not primarily medical in nature and are not covered. While it was indicated the patient had fallen and the physician opined the falls were due to the patient's right foot, the grab bars are not considered primarily medical in nature. The request for a grab bar for the bathroom Is not medically necessary or appropriate.