

Case Number:	CM13-0056294		
Date Assigned:	12/30/2013	Date of Injury:	06/08/1998
Decision Date:	07/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & Rehabilitation 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 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:

The injured worker is a 62-year-old female with a reported date of injury on 06/08/1998. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of low back pain, with the pain level at 4/10 to 5/10. According to the clinical note dated 12/11/2012, the injured worker received 18 physical therapy sessions. In addition, it was noted that the injured worker exhibited no significant improvements to functional mobility, strength, endurance, or capacity. Within the clinical note dated 10/23/2013, the physician indicated that the injured worker's lumbar range of motion revealed flexion to be within normal limits, extension to 25 degrees, side bend to the right at 25 degrees and lumbar spine side bend to the left to 30 degrees. In addition, the physician noted that the injured worker walks with a slow, guarded gait, with decreased trunk rotation. The injured worker's diagnoses included lumbar spine sprain/strain, with bilateral leg radiculopathy. The injured worker's medication regimen was not included within the documentation available for review. In addition, the Request for Authorization for raised toilet seat, bedside commode, hardship rails for bathtub, toilet rails, rolling walker, and Biofreeze was submitted on 11/22/2013. The rationale for the request was not provided with the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAISED TOILET SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. According to the guidelines, 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 modification of the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain durable medical equipment toilet items such as commodes, bed pans, etc, are medically necessary if the injured worker is bed or room confined, and devices such as raised toilet seats and commode chairs, may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The documentation provided for review does not include a rationale for the request for the raised toilet seat. The guidelines only recommend toilet items medically necessary if the patient is bed or room confined. There is a lack of documentation related to the injured worker being room or bed confined. Therefore, the request for a raised toilet seat is not medically necessary.

BEDSIDE COMMODOE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. Certain durable medical equipment toilet items 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 clinical documentation provided for review lacks documentation of the injured worker being bed or room confined. The rationale for the request was not submitted with information provided for review. In addition, the guidelines do not recommend bedside commodes unless the injured worker is bed-bound or room confined. Therefore, the request for a bedside commode is not medically necessary.

HARDSHIP RAILS FOR BATHTUB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Shower Grab Bars.

Decision rationale: The Official Disability Guidelines state that shower grab bars are considered a self-help device, not primarily medical in nature. In addition, Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The documentation provided for review lacks objective findings of functional deficits related to the need for rails in the bathtub. In addition, guidelines state that the grab bars are considered a self-help device and are not primarily medical in nature. Therefore, the request for hardship rails for bathtub is not medically necessary.

TOILET RAILS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. Certain durable medical equipment toilet items such as commodes, bed pans, etc, are medically necessary if the injured worker is bed or room confined, and devices such as raised toilet seats and commode chairs, may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The documentation provided for review does not include a rationale for the request for the raised toilet seat. In addition, there is a lack of objective clinical findings of functional deficits to warrant the use of a raised toilet seat. In addition, the guidelines only recommend toilet items medically necessary if the patient is bed or room confined. There is a lack of documentation related to the injured worker being room or bed confined. Therefore, the request for toilet rails is not medically necessary.

ROLLING WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & U-step walker.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. Official Disability Guidelines state that walkers are needed based on disability, pain, and age-related impairments to determine the need for a walking aide. Assistive devices for ambulation can reduce the pain associated with osteoarthritis. Frames over walkers are preferred, based on bilateral disease. U-step walkers are recommended for patients who have neurological disorders or other conditions restricting the use of one hand. The u-step walking stabilizer was designed specifically for those with various neurological conditions, including Parkinson's disease, ALS, stroke, PSP, multiple sclerosis, brain injuries, balance disorders, and MSA. The u-shaped base provides a stable foundation for the unit with multiple wheels, as the user is braced in every direction, nearly eliminating the risk of falling. The physician should document the need for a heavy-duty, multiple braking system, variable wheel resistance walker. The clinical information provided for review lacks objective clinical findings of functional deficits related to the need for a rolling walker. There is a lack of documentation related to neurological deficits. Therefore, the request for a rolling walker is not medically necessary.

BIOFREEZE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines recommend Biofreeze as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. The documentation provided for review lacks objective clinical findings of acute pain, as the injury occurred in 1998. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and specific site at which the Biofreeze was to be utilized. Therefore, the request for Biofreeze is not medically necessary.