

Case Number:	CM14-0006990		
Date Assigned:	02/07/2014	Date of Injury:	12/16/2010
Decision Date:	08/22/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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 61-year-old female with a date of injury 12/16/2010, when she fell and broke her sacrum. The patient was seen on 11/15/2013 for the evaluation of her BP (blood pressure) and diabetes. The progress report stated, that the patient fell in the bathroom and broke her sacrum. Exam findings revealed the patient alert and oriented to person place and time and her BP was 135/70. The progress note was handwritten and somewhat illegible. There was a request for 24/7 home health care, walker and seat and home safety kit . The patient remained off work until 1/24/2014. The diagnosis is lumbar radiculopathy, lumbar sprain/strain, status post right hip surgery and gastritis. Treatment to date includes right total hip replacement on 5/19/2011, PT, acupuncture, TENS unit, and work restrictions. Home exercise program and medications. An adverse determination was received on 1/7/2014 given no description of the home safety kit or rationale for its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME SAFETY KIT: 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 Chapter-Durable Medical Equipment.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines states that 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). The home safety kit is not considered as durable medical equipment. It is not clear, what contents of the home safety kit were requested and there is no clear medical rationale for the necessity of the home safety kit. Therefore, the request for the home safety kit is not medically necessary.