

Case Number:	CM14-0008589		
Date Assigned:	02/12/2014	Date of Injury:	07/17/1982
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 record notes a 74-year-old male with a date of injury of July 17, 1982. The mechanism of injury is not disclosed. An eye exam from October 2013 is provided for review in support of the above noted request indicating that the claimant is status post DSAEK procedure in 2012. This encounter note is handwritten and partially illegible, but a diagnosis of the advanced glaucoma, OD is noted. In the legible aspects of this report, there is no documentation of the recommendation for a walk-in tub, or any clinical details to substantiate the medical necessity of the request, or any prior use of DME routinely used to aid individuals with safe ADLs. A prior review of this request resulted in a recommendation for non-certification on January 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PURCHASE FOR A WALK-IN BATH TUB, RELATED TO POOR VISION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Does Not Address. Therefore, ODG guidelines are used.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg - DME

Decision rationale: Guideline criteria support the use of DME in certain clinical settings and define DME as equipment that can normally be rented, used by successive patients, and is primarily used to serve a medical purpose. The request being made is for a walk-in tub which does not meet the guideline criteria for DME as it cannot normally be rented and is not used by successive patients. Furthermore, the record does not reflect that the patient is not a candidate for DME routinely and customarily used for similar circumstances, such as a shower chair. In the legible aspects of the encounter notes provided, there is no clear documentation of a recommendation for a walk-in tub, the clinical presentation that necessitates a walk-in tub over other routinely utilized DME to assist patients with ADLs (shower chairs, handrails, etc.). Additionally, it cannot be determined by the encounter note available that the claimant's bilateral visual acuity cannot be corrected in such a way that DME (which meets the guideline criteria) cannot be utilized. The OD (right) acuity is noted, but OS (left) visual acuity has been scratched through and the remainder is illegible. Additionally, the documentation is made in the history that the claimant's condition is worsening due to noncompliance. The guidelines indicate that some medical conditions can result in physical limitations that require patient education and modifications to the home environment for prevention of injury, but that environmental modifications are considered not primarily medical in nature. Based on the clinical data available, which does not indicate that the claimant's visual acuity is uncorrectable in both eyes, nor is there documentation on the reason that a walk-in tub is being recommended over routinely used durable medical equipment, this request is recommended for non-certification due to insufficient clinical data to substantiate the request. The request for 1 Purchase For A Walk-In Bath Tub, Related To Poor Vision Is Not Medically Necessary.