

Case Number:	CM14-0105661		
Date Assigned:	09/16/2014	Date of Injury:	08/29/2013
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation 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 31-year-old female with an 8/29/13 date of injury. There were no progress notes provided for review. According to the 7/1/14 UR decision, the mechanism of injury occurred from lifting milk crates. The accepted injury is to the lumbar spine. Diagnostic impression: status post lumbar discectomy. Treatment to date: medication management, activity modification, 4/29/14 anterior lumbar discectomy with decompression, interbody arthrodesis L5-S1, use of prosthetic cage, allograft bone, plating. A UR decision dated 7/1/14 denied the requests for purchase of a cold therapy unit with pad and shower bench. The cold therapy unit request was modified for a 7 day usage. Guidelines note that bathtub seats are considered a comfort or convenience item, hygienic equipment, and are not primarily medical in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective durable medical equipment (DME) purchase of cold therapy unit with pad:
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 Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/200_299/0297.html

Decision rationale: CA MTUS and ODG do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the [REDACTED] Thermoelectric Cooling System (an iceless cold compression device), the [REDACTED] [REDACTED] Cold/Hot Wrap, and the [REDACTED] Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. The UR decision dated 7/1/14 modified this request to certify a 7-day usage of a cold therapy unit. There were no medical records provided for review to establish the medical necessity of this request. Therefore, the request for Retrospective date of service (DOS) 04/29/2014 durable medical equipment (DME) purchase of cold therapy unit with pad is not medically necessary.

Retrospective durable medical equipment (DME) purchase of shower bench: 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 and Leg Chapter - Durable Medical Chapter

Decision rationale: 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) below. 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. Certain DME toilet items (commodes, bed pans, etc.) 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. There were no medical records provided for review to establish the medical necessity of this request. Therefore, the request for Retrospective date of service (DOS) 04/29/2014 durable medical equipment (DME) purchase of shower bench is not medically necessary.