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| Case Number: | CM14-0105868 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/11/1995 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 and 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:

The injured worker is a 49-year-old male who reported an injury on 01/11/1995. The mechanism of injury was not provided. Diagnoses included reflex sympathetic dystrophy, muscle spasm, thoracic nerve root injury, depression, anxiety, neurodermatitis, and gastritis. Past treatments have included physical therapy, conservative care, medication management, injections, surgery, and assistive devices. Diagnostic studies included an x-ray of the right foot. Surgical history included thoracic laminectomy on 06/14/1995 and left stellate ganglion block on 11/25/1997. On 05/28/2014, the injured worker was seen for severe pain on the left side of the body which was incapacitating and disabling due to reflex sympathetic dystrophy, which included pain, skin abnormalities, and limited motion to muscle joint contractures. The injured worker complained that he had more pain in the arm, shoulder, and hand and more erratic sweating in the skin now than usual. He had edema in the skin of the chest wall on the left. The injured worker had difficulty controlling his body temperature due to reflex sympathetic dystrophy. As such, he needed the air conditioning and continuous temperature stability at all the time and has problems with frequent recent power failures at his house. He would need a generator to keep the air conditioning functional according to the letter from the power company. Medications included Zoloft 100 mg every day, Elavil, Valium 10 mg 3 times a day, Percocet 7.5/325 mg every day, Doxycycline 100 mg twice a day, and Flexall 4 ounces 3 times a day. The treatment plan was to continue with medications, included a wheelchair for inside use in the house, an assist tray to help him get up from the couch, padded toilet seat, yearly gym membership, bed (mattress) with waterproof covering because of the sweating from the RSD Tempurpedic pillow for cervical spine pain and spasm, hand held shower and padded shower bench, sock aide, long handled shoe horn, trailer, and a couch. The request is for emergency generator purchase, 24 hour gym membership with pool times 3 years, a couch with an assistive tray with a handle, and a mattress

with a waterproof cover. The rationale for the emergency generator purchase is to keep the home temperature cool during power outages. There was no rationale for a 24 hour gym membership with a pool times 3 years. The rationale for a couch with an assistive tray with a handle is to help the injured worker from a sitting to standing position. The rationale for a mattress with a waterproof cover is due to extensive sweating from the RSD. The Request for Authorization was dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency Generator Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 15; Section 10.1 defines durable medical equipment (DME).

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 (DME).

Decision rationale: The injured worker has a history of chronic pain. The Official Disability Guidelines recommend durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. An emergency generator is not considered medical treatment. A generator can be useful in the absence of illness or injury. As such, the request is not medically necessary.

24 hour Gym Membership with Pool times 3 years: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The injured worker had a history of chronic pain. California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for

equipment. Plus, treatment needs to be monitored and administered by medical professionals. Additionally, it indicates that gym memberships would not generally be considered medical treatment and therefore, are not covered under these guidelines. Although pool therapy is recommended as a form of exercise therapy there was no medical necessity for a gym membership. It is not considered medical treatment. There is a lack of documentation of a home exercise program being used. As such, the request is not medically necessary.

Couch with Assist Tray with Handle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 15; Section 110.1; DME.

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 (DME).

Decision rationale: The injured worker has a history of chronic pain. The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. The injured worker needs assistance from a sitting to standing position. A couch with assistive tray with handle is not medical necessary. There are optional devices that can assist the injured worker to a standing position such as a cane which he already possesses. As such, the request is not medically necessary.

Mattress with Water Proof Cover: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Mattress Selection.

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

Decision rationale: The injured worker has a history of chronic pain. Official Disability Guidelines (ODG) state there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. It is not recommended to use firmness as sole criteria. There is a lack of documentation for the necessity of a mattress. The documentation does not support the guideline recommendations. As such, the request is not medically necessary.