

Case Number:	CM14-0010802		
Date Assigned:	02/21/2014	Date of Injury:	03/18/1978
Decision Date:	08/08/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is an 86-year-old male who has submitted a claim for Compression Fracture, T9, associated with an industrial injury date of March 18, 1978. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of back and shoulder pain. On physical examination, the vital signs were stable. A musculoskeletal examination was not included in any of the progress notes provided for review. Treatment to date has included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MATTRESS QTY: 1.00: 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) Low Back, Mattress Selection.

Decision rationale: The California MTUS does not specifically address mattress selection. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG)

was used instead. The ODG states that in mattress selection, it is not recommended to use firmness as sole criteria. 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. In this case, the medical records failed to provide a rationale for mattress selection. Therefore, the request for a mattress Qty: 1.00 is not medically necessary.

ELECTRIC LIFT CHAIR QTY: 1.00: 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 (DME).

Decision rationale: The California MTUS does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that DME is recommended generally if there is a medical need. 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. In this case, the medical records failed to establish an indication for the requested equipment. Therefore, the request for Electric Lift Chair Qty: 1.00 is not medically necessary.

HOME HEALTH AIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, HOME HEALTH SERVICES Page(s): 51.

Decision rationale: According to page 51 of the California MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. In this case, the medical records failed to provide evidence that the patient is home bound. Furthermore, the present request did not specify the number of hours per week for the intended service. There is no evidence that the patient requires actual medical care rendered at home. Therefore, the request for a Home Health Aide is not medically necessary.