

Case Number:	CM14-0018910		
Date Assigned:	04/23/2014	Date of Injury:	12/10/2001
Decision Date:	07/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 66-year-old with a date of injury of December 10, 2001. The mechanism of injury was a slip and fall. The diagnosis noted includes lumbago, degeneration of cervical intervertebral discs, internal knee derangement, and carpal tunnel syndrome. The record notes that the claimant underwent a right total knee replacement in 2004 and subsequent removal of instrumentation due to infection, followed by revision after clearance of the infection. The only clinical data available for review is a progress note on December 17, 2013 indicating that the claimant complains of low back pain with right lower extremity radicular symptoms. A past medical history of atrial fibrillation, iatrogenic hypothyroidism, hypertension, hypercholesterylemia, doubt, glaucoma, and chronic lower extremity edema is also reported. The claimant underwent lumbar fusion in 2008, and a right carpal tunnel release in 2009. Other treatments include the use of a rollator Walker, HurryCane, physical therapy, and epidural steroid injections. Home care. Assessment from August 20, 2013 recommended. The use of several bathroom, kitchen, and laundry equipment and modification of the claimant's bathroom as well as housekeeping and shopping assistants and OT sessions. Current medications include Vicodin, Coumadin, Synthroid, metoprolol, clonidine, lisinopril, allopurinol, Lasix, Klor-Con, and pravastatin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFICATION OF BATHROOM TO INCLUDE: REMOVAL OF SHOWER DOORS AND FRAME AND ADDITION OF SHOWER CURTAIN AND ROD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee And Leg (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [Online Addition], Knee and Leg (Acute and Chronic) Chapter, Durable Medical Equipment.

Decision rationale: ODG guidelines support the use of select DME if the device or system meets Medicare's definition of the DME. The guidelines note that most bathroom supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. The record includes a home care assessment report from August 2013 indicating that the claimant has difficulty raising the leg high enough to step over the side of the tub to get into and out of the shower. The recommendation is to remove the shower doors and frame and at a shower curtain and rod. There's no documentation on how this modification will change the fact that the claimant has difficulty raising the leg high enough to step over the side of the tub to get into and out of the shower. Furthermore, the subsequent physical examination notes strength testing to be 5/5 in all major groups of the upper and lower extremities. Based on the clinical data available, there is insufficient documentation to indicate how the proposed removal of the shower door and frame with installation of the shower curtain will address the claimant's difficulty with the specific ADL noted. Additionally, this type of modification is not supported by the guidelines. The request for a modification of bathroom to include: removal of shower doors and frame and addition of shower curtain and rod, is not medically necessary or appropriate.