

Case Number:	CM14-0018926		
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 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 record notes a 66-year-old female 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. A homecare assessment from August 20, 2013 is provided for review indicating a need for adapted aid selection and training. A number of adaptive aids are included, including a deluxe handheld shower spray nozzle, Eagle health snap, saves shower chair, adjustable grab bar, a hands free hair Dryer Pro stand, cylindrical foam padding, a one-handed kitchen helper kit, this home craft standard kettle Tipper, EZ stand mobile stool, a large top bariatric step stool with handrail, a rolling laundry butler, oversize 8 pattern hose nozzle, uplift premium power seat, and an uplift seat assist. A progress note dated December 17, 2013 is provided for review referencing a complaint of low back pain with right lower extremity radicular symptoms. There is a past medical history of atrial fibrillation, iatrogenic hypothyroidism, hypertension, hypercholesterolemia, glaucoma, and chronic lower extremity edema is also reported. The claimant is status post right total knee replacement in 2004, with subsequent infection, removal of hardware, and revision following treatment, and resolution of infection. Additionally, the claimant is status post lumbar fusion in 2008 and a right carpal tunnel release in 2009. The medical record indicates the treatment that has been provided includes the use of a Rollator Walker, HurryCane, physical therapy, and epidural steroid injections. Current medications include Vicodin, Coumadin, Synthroid, metoprolol, clonidine, lisinopril, allopurinol, Lasix, Klor-Con, and pravastatin. Included in the encounter documentation dated December 17, 2013 is a notation of a recommendation for 3 sessions of occupational therapy for further follow-up and instruction regarding a modification in the home. Follow-up with this provider (██████████)

is recommended in one month. No additional clinical documentation is provided, nor is any subsequent occupational therapy documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT (OCCUPATIONAL THERAPY) TIMES 3 FOR ADAPTED AIDE SELECTION AND TRAINING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures, Allied Health Interventions, Physical or Occupational Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: It appears in the record provided, that multiple DME devices have been requested. Approved devices are not identified to support the necessity of occupational therapy training for such devices. If an occupational therapy evaluation for assistive devices with ADL has not yet been provided, consideration is suggested to request this, as opposed to the requested 3 sessions to select adaptive aids that have already been suggested by the nurse consultant/rehabilitation specialist. In regards to the medical necessity of training on the use of the devices, which are not yet selected, this cannot be provided until such devices are selected. Based on the clinical documentation, this request, for OT services, which appears to be intended to be for evaluation and treatment recommendations for assist devices for ADLs with subsequent training of such devices, is unclear because it appears that this has partially been provided by a nurse consultant/rehabilitation specialist, which seems to be redundant. Nonetheless, based on the record provided, and the fact that the devices have not yet been selected, the requested training of such devices cannot be provided. Therefore, this request is not medically necessary.