

Case Number:	CM14-0018961		
Date Assigned:	04/23/2014	Date of Injury:	12/10/2001
Decision Date:	07/09/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 67 year old female whose date of injury is 12/10/2001. On this date the injured worker slipped on a wet floor and twisted her right knee and landed on the tailbone. A home care assessment report dated 08/20/13 indicates the injured worker is status post lumbar fusion in 2008, status post right knee total arthroplasty in 2004, status post right carpal tunnel release in 2011. The injured worker is ambulatory within the home and in the community. The injured worker's functional limitations are related to the back and right arm. Evaluation dated 12/17/13 indicates the injured worker has a past medical history of atrial fibrillation, iatrogenic hypothyroidism, hypertension, hypercholesterolemia, gout, glaucoma and chronic lower extremity edema. The injured complains of chronic low back pain with radicular symptoms to her right lower extremity. She utilizes a HurryCane when she ambulates and a walker with a seat for community ambulation. The injured worker reported an increase in low back pain approximately two months prior and attended a course of physical therapy. On physical examination the injured worker has negative Tinel's and Phalen's bilaterally. Bilateral wrist range of motion is full. Strength is rated as 5/5 in all major muscle groups with the exception that right hip flexion was limited due to pain and guarding. Sensation is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

HANDHELD SHOWER HOSE: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for handheld shower hose is not recommended as medically necessary. The injured worker's physical examination documents 5/5 strength throughout the upper and lower extremities, and there is no clear rationale provided to support the requested shower hose. The requested item appears to be an item of convenience and medical necessity is not established.

GRAB BAR CLAMPED TO TUB: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for grab bar clamped to tub is not recommended as medically necessary. Grab bars are generally not supported as an item of medical necessity. The injured worker's physical examination documents 5/5 strength throughout the upper and lower extremities, and there is no clear rationale provided to support the requested grab bar. The requested item appears to be an item of convenience and medical necessity is not established.

HAIRDRYER HOLDER: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for hair dryer holder is not recommended as medically necessary. The injured worker's physical examination documents 5/5 strength throughout the upper and lower extremities, and there is no clear rationale provided to support the requested holder. The requested item appears to be an item of convenience and medical necessity is not established.

SEATLIFT FOR RECLINER: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Seat Lifts And Patient Lifts.

Decision rationale: Based on the clinical information provided, the request for seat lift for recliner is not recommended as medically necessary. The injured worker's physical examination documents 5/5 strength throughout the bilateral upper and lower extremities. There is no clear rationale provided to support a seat lift. There is no indication that the injured worker is incapable of standing up from a regular armchair at home. There is no documentation of severe arthritis of the hip or knee, or severe neuromuscular disease. Aetna considers seat lift mechanisms experimental and investigational for all other indications because of insufficient evidence in the peer-reviewed literature.

LARGE FOAM HANDLES AND ONE HANDHELD TOOLS FOR KITCHEN: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for large foam handles and one handheld tool for kitchen is not recommended as medically necessary. There is no support for the requested items in the current evidence based guidelines or peer-reviewed literature. There is no clear rationale provided to support the request. The requested item appears to be an item of convenience and medical necessity is not established.

TALL STOOL FOR KITCHEN USE: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Seat Lifts And Patient Lifts.

Decision rationale: Based on the clinical information provided, the request for tall stool for kitchen use is not recommended as medically necessary. There is no support for the requested item in the current evidence based guidelines or peer-reviewed literature. There is no clear rationale provided to support the request. The requested item appears to be an item of convenience and medical necessity is not established.

STEP STOOL WITH HANDRAIL FOR LAUNDRY ROOM: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for step stool with handrail for laundry room is not recommended as medically necessary. There is no support for the requested item in the current evidence based guidelines or peer-reviewed literature. There is no clear rationale provided to support the request. The requested item appears to be an item of convenience and medical necessity is not established.

ROLLING LAUNDRY CART: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for rolling laundry cart is not recommended as medically necessary. There is no support for the requested item in the current evidence based guidelines or peer-reviewed literature. There is no clear rationale provided to support the request. The requested item appears to be an item of convenience and medical necessity is not established.

HANDS FREE HOSE NOZZLE FOR THE YARD: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for hands free hose nozzle for the yard is not recommended as medically necessary. There is no support for the requested item in the current evidence based guidelines or peer-reviewed literature. There is no clear rationale provided to support the request. The requested item appears to be an item of convenience and medical necessity is not established.

SHOWER SEAT: 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), Knee & Leg; Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Bathroom And Toilet Equipment And Supplies.

Decision rationale: Based on the clinical information provided, the request for shower seat is not recommended as medically necessary. The patient's physical examination documents 5/5 strength throughout the bilateral upper and lower extremities. There is no indication that the injured worker is unable to bathe or shower without being seated.