

Case Number:	CM14-0122064		
Date Assigned:	08/06/2014	Date of Injury:	12/22/2002
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 57-year-old female who reported injury on 12/22/2002. The mechanism of injury was not specified. The injured worker's treatment history included exercise at the gym, physical therapy, trigger point injections, back brace, grab bars and a shower chair. The injured worker was evaluated on 07/10/2014 and, it was documented that the injured worker reported that she has to grab bars in her hallways, bedroom and upstairs area and in order to feel safe walking around her house. However, she feels despondent that she had difficulty coming down the stairs and hanging out with the rest of the family in the living room or kitchen area. She reported difficulty with sitting, standing, transferring, bathing, dressing and transportation. The home health nurse, 7 hours a day, 7 days a week, was really helping her with the ability to feel independent. Objective findings revealed weight was 230 pounds. The injured worker ambulates with a sit down walker in a forward flexed posture at 30 degrees. No other new changes were noted on the exam. Diagnoses included chronic pain syndrome, progressive disc disease, lumbar radiculopathy, severe spinal stenosis, trigger finger, and depression. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable Shower Chair (Lumbar Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare guidelines for durable medical equipment, and the Medicaid Services guidelines for durable medical equipment

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.

Decision rationale: According to the Official Disability Guidelines (ODG), 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. Certain durable medical equipment toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The documents submitted indicated the injured worker having grab bars in the shower and a home health nurse. As such, the request is not medically necessary.