

Case Number:	CM14-0128208		
Date Assigned:	09/26/2014	Date of Injury:	09/25/2006
Decision Date:	11/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine & Pulmonary Disease, 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 injured worker is a 66-year-old female who reported an injury on 09/25/2006 while, at a dead stop, another vehicle was at high speed and struck her vehicle, which jerked her across the road and wrenching her ankle, wrist, and back. The diagnoses were postlaminectomy syndrome, lumbar; displacement, lumbar disc, without myelopathy; lumbosacral radiculitis; Atlanto-occipital sprain/strain; trochanteric bursitis; and mood disorder due to chronic pain with depressive like episodes. The surgical history was lumbar fusion at L3-4; and cervical spine operation in 02/2009, anterior fixation at C4, C5, C6, and C7. The physical examination on 06/23/2014 revealed that the injured worker was partially employed for 4 hours per day. She sits in a wheelchair and attempts to work utilizing bilateral crutches for ambulatory assistance. The injured worker was waiting tentatively for an operation to be scheduled. The examination revealed tender right sciatic notch. The range of motion for the lumbosacral spine was to 0 degrees. It was reported that the range of motion was not tested due to severe nature of pain, resultant sagittal imbalance, and the potential for falling. The medications were Advair, Celebrex, Flector patch, Oxycodone, Neurontin, and Tramadol. The treatment plan was for surgery of the lumbar spine. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 In 1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross-DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment

Decision rationale: The decision for a 3 in 1 commode is not medically necessary. The Official Disability Guidelines state the term durable medical equipment is defined as equipment which can withstand repeated use as in could normally be rented and used by successive patients; it should be primarily and customarily used to serve a medical purpose; and generally, it is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The 3 in 1 commode does not follow the durable medical equipment criteria. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.

Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross-DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment

Decision rationale: The decision for a shower chair is not medically necessary. The Official Disability Guidelines state the term durable medical equipment is defined as equipment which can withstand repeated use as in could normally be rented and used by successive patients; it should be primarily and customarily used to serve a medical purpose; and generally, it is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The shower chair does not follow the durable medical equipment criteria. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.

Hip Kit (Rental or Purchase): 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, Durable Medical Equipment

Decision rationale: The decision for a hip kit {rental or purchase} is not medically necessary. The Official Disability Guidelines state the term durable medical equipment is defined as equipment which can withstand repeated use as in could normally be rented and used by

successive patients; it should be primarily and customarily used to serve a medical purpose; and generally, it is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The hip kit {rental or purchase} does not follow the durable medical equipment criteria. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.

24 Inch Grab Bar (Rental Or Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment

Decision rationale: The decision for a 24 inch grab bar {rental or purchase} is not medically necessary. The Official Disability Guidelines state the term durable medical equipment is defined as equipment which can withstand repeated use as in could normally be rented and used by successive patients; it should be primarily and customarily used to serve a medical purpose; and generally, it is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The 24 inch grab bar {rental or purchase} does not follow the durable medical equipment criteria. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.

36 Inch Grab Bar (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment

Decision rationale: The decision for a 36 inch grab bar {rental or purchase} is not medically necessary. The Official Disability Guidelines state the term durable medical equipment is defined as equipment which can withstand repeated use as in could normally be rented and used by successive patients; it should be primarily and customarily used to serve a medical purpose; and generally, it is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. The 36 inch grab bar {rental or purchase} does not follow the durable medical equipment criteria. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.