

<b>Case Number:</b>	CM14-0155947		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 54 year-old female with a date of injury of 2/29/2008. The patient's industrially related diagnoses include lumbar DDD, s/p L4-5 and L5-S1 discectomy and fusion, chronic pain syndrome of back, neck, and shoulders with associated headaches, bilateral sciatica, and pain related insomnia and depression. The disputed issues are adjustable bed with hand rails, zero gravity recliner, walk-in-stall shower with sliding glass doors, free-standing shower seat, grab bars and an adjustable height hand held shower head, exterior wall handrail, and athletic walking shoes with elasticized closures. A utilization review determination on 9/15/2014 had non-certified these requests. The stated rationale for the denial of the adjustable bed with hand rails was that "there is limited evidence of significant functional limitation in bed mobility or bed transfers to warrant the request. Moreover, there is limited evidence of infection or red flag signs to support the request." The stated rationale for the denial of the zero gravity recliner was "there is no clear indication as to how this durable medical equipment will impact the claimant's status in a positive manner. Moreover, evidence based guideline does not support the request due to limited evidence of effectiveness in preventing low back pain." The walk in stall shower with sliding glass doors, grab bars and an adjustable height hand held shower head was denied because "ODG-TWC notes that shower grab bars are consider a self-help device, not primarily medical in nature.... There is limited evidence of significant muscle weakness in the upper and lower extremities or functional limitation which preclude the claimant from performing activities of daily living such as toileting and tub transfers to support the request." The request for a free standing shower seat was denied because "ODG-TWC notes that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. In this case, the claimant was using a shower chair previously. However, the claimant is now able to stand long enough to take a shower." The request for exterior wall

handrails was denied because "there is limited evidence of extenuating circumstances to support the request." Lastly, the stated rationale for the denial of athletic walking shoes with elasticized closures was "there is limited evidence of ankle deformity, ankle instability, ligamentous insufficiency upon exam that necessitates athletic walking shoes."

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Adjustable Bed with Hand Rails: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Hospital Beds and Accessories Policy. Clinical Policy Bulletin Number: 0543

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Indications and Limitations of Coverage regarding Hospital Beds <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&bc=AAAQAAAAAA&>

**Decision rationale:** The California Medical Treatment and Utilization Schedule do directly address adjustable beds with hand rails. Therefore the Medicare Indications and Limitations of Coverage regarding Hospital Beds were consulted. Medicare notes that a hospital bed is supported when the patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed or if the patient's condition requires positioning due to cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia. Documents need to specify the severity and frequency of the symptoms of the condition that necessitates a hospital bed for positioning. In the progress report dated 9/4/2014, the treating physician states that the patient had a home safety evaluation on 8/26/2014 and an adjustable bed to assist in accommodating positional changes was recommended for the injured worker. However, the treating physician does not provide further documentation stating why the injured worker is unable to perform positional changes in an ordinary bed. Furthermore, there is no documentation that the injured worker has the conditions listed above and does not provide another clear rationale identifying the medical necessity of an adjustable bed with hand rails. In the absence of such documentation, the request for an adjustable bed with hand rails is not medically necessary.

### **Zero Gravity Recliner: 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 3/4 Official Disability Guidelines (ODG) Leg and Knee

Chapter, DME Durable Medical Equipment ¼ Other Medical Treatment Guideline or Medical Evidence: Medicare's definition of durable medical equipment.

**Decision rationale:** The MTUS Guidelines are silent regarding the request for a zero gravity recliner. The ODG generally recommend durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of DME. The term DME is defined as equipment that can withstand repeated use (i.e., could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Based on the documentation, a zero gravity recliner was requested to allow change in gravitational forces on the spine while in a seated position. However, based on the definition for DME provided by Medicare, the zero gravity recliner does not meet the criteria to be considered durable medical equipment. It is a recliner that is not customarily used to server a medical purpose and can be useful to persons in the absent of an injury. Therefore, medical necessity could not be established for the request of a zero gravity recliner.

**Walk-in-Stall Shower with Sliding Glass Doors:** 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-TWC), Knee and Leg Procedure Summary (last updated 08/25/2004), Durable Medical Equipment, Shower Grab BarsBlue 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 & Leg, Durable Medical Equipment (DME)

**Decision rationale:** The MTUS Guidelines are silent regarding the request for walk-in-stall shower with sliding glass doors. The ODG generally recommend durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of DME. The term DME is defined as equipment that can withstand repeated use (i.e., could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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 DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined. As stated above, a walk-in-stall shower with sliding glass doors is an environmental modification that is not considered primarily medical in nature. Therefore based on the guidelines and the documentation, the request for a walk-in-stall shower with sliding glass doors is not medically necessary.

**Free-Standing 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-TWC), Knee and Leg Procedure Summary (last updated 08/25/2014), Durable Medical Equipment, Bathtub seats

**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 (DME), Bathtub Seats

**Decision rationale:** Regarding the request for free standing shower seat, the ODG generally recommends DME if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment that can withstand repeated use (i.e., could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. In the progress report dated 9/4/2014, the treating physician documents that the injured worker was using a shower chair previously, although she states that she is now able to stand long enough to take a shower. Furthermore, there is documentation that with medication, the injured worker is able to stand for 10 minutes. There is no clear rationale documented as to why another free-standing shower seat is being requested. Based on the guidelines, the request for the free-standing shower seat is not medically necessary.

**Grab Bars:** 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-TWC), Knee and Leg Procedure Summary (last updated 08/25/2004), Durable Medical Equipment, Shower Grab Bars 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 & Leg, Durable medical equipment (DME), Shower Grab Bars

**Decision rationale:** The MTUS Guidelines are silent regarding the request for grab bars. The ODG states that shower grab bars are considered a self-help device, not primarily medical in nature. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Based on the guidelines and the documentation provided for review, medical necessity for the grab bars has not been established.

### **Adjustable Height Hand Held Shower Head: 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-TWC), Knee and Leg Procedure Summary (last updated 08/25/2014), Durable Medical Equipment, Shower Grab Bars 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 & Leg, Durable medical equipment (DME)

**Decision rationale:** The MTUS Guidelines are silent regarding the request for adjustable height hand held shower head. The ODG generally recommends durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of DME. The term DME is defined as equipment that can withstand repeated use (i.e., could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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 DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined. In the progress report dated 9/4/2014, the injured worker is noted to be able to stand long enough to take a shower, and there is not clear rationale for the request of an adjustable height hand held shower head. Based on the documentation provided, medical necessity cannot be established for an adjustable height hand held shower head.

### **Exterior Wall Handrail: 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-TWC), Knee and Leg Procedure Summary (last updated 08/25/2014), Durable Medical Equipment (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 & Leg, Durable Medical Equipment (DME)

**Decision rationale:** The MTUS Guidelines are silent regarding the request for exterior wall hand rails. The ODG generally recommends durable medical equipment (DME) if there is a medical need and if the device or system meets Medicare's definition of DME. 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. In the progress report dated 9/4/2014, the

treating physician documented that since the surgery done on 10/2/2013; the injured worker has been able to stand upright and has not required her rollator walker to ambulate. There is insufficient documentation as to how the exterior wall hand rails will improve the injured worker's functionality. Furthermore, the environmental modification is not considered primarily medical in nature. Based on the guidelines and documentation provided, medical necessity cannot be established for exterior wall hand rails.

**Athletic Walking Shoes with Elasticized Closures: 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-TWC), Ankle and Foot Procedure Summary (last updated 07/29/2014), Shoes

**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, Footwear

**Decision rationale:** Regarding the request for purchase of athletic walking shoes with elasticized closures, the Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states footwear is recommended as an option for patients with knee osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. In the progress report dated 9/4/2014, there is no documentation of symptoms and findings consistent with knee osteoarthritis. Based on the guidelines and lack of documentation, the current request for purchase of athletic walking shoes with elasticized closures is not medically necessary.