

Case Number:	CM14-0159175		
Date Assigned:	10/02/2014	Date of Injury:	09/24/1997
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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 patient had a date of injury on 9/24/1997. The patient slipped into a pole and suffered a contusion to the head, a strain to the cervical/lumbar spine and an injury to the right knee. The patient has had multiple surgeries, including 3 cervical fusions and 5 lumbar fusions, along with physical therapy. The patient ambulates with a walker. The patient is using Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walk in tub for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medicaremd.com/coverage_noncovered_equipment.asp

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: <http://www.medicaremd.com/equipment-and-supplies/bath-products/walk-in-tub.html>

Decision rationale: Medicare does not cover walk-in tubs because they are not considered Durable Medical Equipment (DME). Walk-in tubs are a "convenience" rather than a "medical necessity." Plus, anyone can use these special tubs, so they are not just for Medicare

beneficiaries or adults with special needs. Based on this, the request is not medically necessary per the guidelines.

Stair lift for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medicaremd.com/coverage_noncovered_equipment.asp

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: www.Medicare.org

Decision rationale: Various types of durable medical equipment are covered under Medicare Part B. However, items primarily used for self-help, convenience, or personal comfort do not fit into Medicare's definition of medically necessary equipment. So lifts that move a person up and down stairs would not be covered. Therefore, the request is not considered medically necessary.