

<b>Case Number:</b>	CM14-0169892		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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:

According to the records made available for review, this is a 64-year-old male with a 4/1/07 date of injury. At the time (9/30/14) of the Decision for hand rails (specifically for shallow end of pool, front and back steps), there is documentation of subjective (moderate to severe generalized pain and sleep disorder) and objective (multiple tender trigger points and warm elbows and calves) findings. The current diagnoses include fibromyalgia. The treatment to date includes medications. There is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand rails (specifically for shallow end of pool, front and back steps): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation 2014, (DME) Durable medical equipment

**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.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

**Decision rationale:** The MTUS and the ODG do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested hand rails (specifically for shallow end of pool, front and back steps). A search of online resources failed to provide any articles/studies addressing criteria for the medical necessity for the requested hand rails (specifically for shallow end of pool, front and back steps). Within the medical information available for review, there is documentation of a diagnosis of fibromyalgia. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for hand rails (specifically for shallow end of pool, front and back steps) is not medically necessary.