

Case Number:	CM14-0173112		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2011
Decision Date:	12/02/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Surgeon and is licensed to practice in Texas, Ohio and 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 61-year-old male who reported injuries secondary to gunshot wounds on 10/05/2011. On 05/27/2014, his diagnoses included status post gunshot wound; burst fracture T5 through T6 with cord contusion; traumatic dual tear at same level; status post right hemopneumothorax with chest tube placement and removal; manubrial fracture; right humeral fracture; left clavicle fracture; dysphagia, resolved; right rib fractures 3 through 5; T3 paraplegia; neurogenic bowel; neurogenic bladder; left hip heterotrophic ossification; mild spasticity of spinal cord, etiology neuropathic pain in bilateral legs, sacral region; calcific tendinitis of both shoulders; type 2 diabetes mellitus; adjustment to disability; status post multiple transfusions; autonomic dysfunction with dysreflexia; orthostasis; osteopenia/porosis; and wheelchair bound. It was noted that he had a Foley catheter with no UTIs. It was further noted that he was status post fracture of the right tibia/fibula due to a fall and had "frozen shoulders". He could not reach to take care of his bowel and bladder needs. A Request for Authorization dated 09/30/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Incontinence Supplies; Bed Liners, Diapers/ Pillows for Positioning #6: 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) Treatment Index, 11th Edition (web), 2014, Knee & Leg, 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, and Durable Medical Equipment (DME)

Decision rationale: The request for incontinence supplies, bed liners, diapers/pillows for positioning #6 is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, which is defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. 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 limitation 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 such as commodes and bed pans are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats and commode chairs may be medically necessary when prescribed as a part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Although the submitted documentation does attest to the fact that this injured worker has physical limitations regarding his bowel and bladder routine, the requested supplies do not fall under the umbrella of durable medical equipment, as they are not in and of themselves considered medically necessary. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for incontinence supplies, bed liners, diapers/pillows for positioning #6, is not medically necessary.