

Case Number:	CM14-0178288		
Date Assigned:	10/31/2014	Date of Injury:	05/23/1997
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Practice 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 73 years old male claimant sustained a work injury on 5/23/1997. He has a history of throat cancer, pneumonia, dysphagia, GJ tube placement, weakness, Parkinson's, chronic weakness, COPD and anemia. He was admitted to a skilled facility on 9/26/14 after being discharged from the hospital for aspiration pneumonia. A physical therapy evaluation on 10/6/14 indicated the claimant has weakness. He was able to ambulate with assistance, perform exercises in bed and had 3/5 muscle strength. The claimant's wife requests the claimant to be at home for further recovery. Home health was considered an option with physical therapy and durable medical equipment to assist in daily functioning due to weakness and cognitive deficits. A physician order was made on 10/7/14 for condom catheter, wheelchair, 4 wheeled walker, hospital bed/mattress and bedside commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheel chair purchase.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 10/07/2014 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) Durable Medical Equipment

Decision rationale: According to the guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment . A manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, the claimant was able to ambulate with assistance. A request was also made for a walker. There is no indication that a cane or walker can't be used instead. The request for a wheelchair is not medically necessary.

Bedside commode purchase.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 10/07/2014 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) Durable Medical Equipment

Decision rationale: According to the guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, the claimant was able to ambulate with assistance. A request was made for a 4 wheeled walker, indicating the claimant can go to the bathroom with assistance. The request for a commode is not medically necessary.

Condom Catheters 30 days supply, with 10 drainage bags.: 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) Durable Medical Equipment

Decision rationale: According to the guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, the claimant was able to ambulate with assistance. A request was made for a 4 wheeled walker, indicating the claimant can go to the bathroom with assistance. There was no documentation of urinary incontinence. The request for a condom catheter is not medically necessary.