

Case Number:	CM14-0179914		
Date Assigned:	11/04/2014	Date of Injury:	02/09/2006
Decision Date:	12/10/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and 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:

This is a female patient with the DM injury of February 9, 2006. A utilization review determination dated October 24, 2014 recommends non-certification of a bath bench, leg spacer, home care 7 hours per day 7 days per week for 6 weeks. A progress note dated October 24, 2014 identifies subjective complaints of continued total body pain, chronic fatigue, and problems sleeping. The patient also complains of neck pain, bilateral shoulder pain, and right foot is getting better after acupuncture. The patient received a shower bench and is now able take showers. The physical examination reveals trigger point tenderness 12+. The diagnoses include myalgia and myositis, overweight and obesity, and diabetes mellitus. The treatment plan recommends continue glucosamine for fibromyalgia, continue gabapentin 250/Vit B6 for fibromyalgia, and continue topical flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bath Bench: 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), Knee and Leg Chapter, Durable Medical Equipment (DME), 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)

Decision rationale: Regarding the request for a bath bench, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no documentation indicating why there is a need for a bath bench. Furthermore, the documentation reveals that the patient recently received a shower bench, which should serve the same purpose. In the absence of clarity regarding those issues, the currently requested bath bench is not medically necessary.

Leg Spacer: 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), Knee and Leg Chapter, 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: Regarding the request for a leg spacer, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no documentation indicating why there is a need for a leg spacer. In the absence of such documentation, the currently requested leg spacer is not medically necessary.

Home Care; seven (7) hours per day, seven (7) days per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home health services Page(s): 51.

Decision rationale: Regarding the request for home care 7 hours per day 7 days per week for 6 weeks, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care

needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home care 7 hours per day 7 days per week for 6 weeks is not medically necessary.