

Case Number:	CM14-0021666		
Date Assigned:	03/07/2014	Date of Injury:	01/20/2011
Decision Date:	06/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 Neurological Surgery 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 injured worker is a 57-year-old female who was injured on January 20, 2011. The November 21, 2013 progress note indicates the injured worker has chronic pain and low back strain following a slip and fall, utilizes a rolling seated walker and has areas of pain and tenderness, which remain the same. The injured has subjective complaints of low back pain radiating down the legs. This is the entirety of the examination provided. The previous progress note dated October 31, 2013 is comparable with the exception of noting "4+ tenderness to multiple areas, back, knee, shoulder." Current diagnoses include chronic pain and depression. The utilization review in question was rendered on December 2, 2013. The reviewer noncertified the request for grab bars for the toilet.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRAB BARS FOR TOILET LUMBAR SPINE: Overturned

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, 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, durable medical equipment and shower grab bars

Decision rationale: This topic is not addressed by the MTUS or ACOEM. The Official Disability Guidelines (ODG) does not address this topic in the low back or chronic pain section, but addresses it in the knee chapter. The ODG notes that grab bars are considered a self-help device primarily medical in nature. The ODG recommends against the certification of devices that are not primarily medical in nature. As such, the requested toilet grab bars are considered medically necessary.