

Case Number:	CM14-0022457		
Date Assigned:	05/09/2014	Date of Injury:	06/15/1990
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The applicant is a represented self-service furniture employee who has filed a claim for chronic low back pain reportedly with an industrial injury of June 15, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and epidural steroid injection. The applicant's case and care have been complicated by cardiomegaly, congestive heart failure and poorly controlled diabetes. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for home Americans with Disability (ADA) assessment of residence. The applicant had apparently alleged that he needed better lighting, more current bath tub and grab bars for safety. The claims administrator based his denial on the fact that these services were not within the scope of utilization review and further noted that the treatment being sought was not intended to relieve the applicant of the issues associated with the compensable injury. In progress note of April 9, 2014, the applicant presented with back and leg pain. The applicant had still had issues with GI bloating and GI distress, it was stated. The applicant was using a cane. The applicant was on OxyContin, oxycodone, Lexapro, Prilosec, Provigil, Flomax, MiraLax, Rozerem, Zestril, Xarelto, Coreg, Zocor, digoxin, Lasix, and glipizide. The applicant was reportedly single and lived alone. The applicant was using a stationary bike 10 to 20 minutes twice daily, it was suggested. In a psychological report dated March 24, 2014, the applicant was described as able to care for himself in terms of bathing and shaving. The applicant was caring for a dog, the applicant was watching a television and using a stationary bike twice daily, it was stated. The applicant was a former tennis player and runner.

The applicant was given Global Assessment of Functioning (GAF) of 44 based on a primary diagnosis of major depressive disorder. It appears that the home Americans with Disability (ADA) request was set forth on report dated January 24, 2014, in which it was stated that the applicant had issues with dramatically diminished hygiene and an outdated tub with inadequate lighting. The applicant's case manager had requested an activities of daily living assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HOME (ADA) AMERICAN WITH DISABILITIES ACT ASSESSMENT OF RESIDENCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Durable Medical Equipment topic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Durable Medical Equipment topic.

Decision rationale: The MTUS does not address the topic. The request has been initiated as a precursor to provision of grab bars, lighting about the bath tub, and outfitting or renovating the applicant's bath tub. However, as noted in the ODG knee chapter durable medical equipment topic, DME is defined as equipment, which can withstand repeated use, could be rented, could be used by successive applicants, is intended to serve a medical purpose and generally is not useful to an applicant in the absence of illness or injury. In this case, this request appears to be intended as a precursor to provision of the applicant with articles which could, in fact, be useful in the absence of illness or injury. The applicant was, despite his travails with depression, is described as independently ambulatory. The applicant was able to care for himself. The applicant was able to perform shaving and grooming. The applicant was able to ambulate with the aid of a cane. The ADA assessment, thus, is being performed for purposes of delivering non-medical services for which there is no medical need. The ADA assessment is being sought for the purposes of delivering bathroom and toilet supplies, which are being used for convenience and do not serve a medical purpose. Therefore, the request is not medically necessary.