

Case Number:	CM14-0022738		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2006
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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 58-year-old who reported an injury on January 19, 2006. The mechanism of injury was the injured worker was in an elevator at work and he tried to go down. However the elevator went up and then suddenly dropped down causing the injured worker to hit his head and back against the wall. The injured worker complained of 9/10 neck pain that radiates to the upper and lower back. The pain was described as stabbing, stinging, shooting, severe and radiating. The injured worker also complained of weakness, tingling, bowel dysfunction and headaches. The pain is relieved by sitting, lying down, resting and medications. The injured worker has completed physical therapy which provided 60-80% relief and used a transcutaneous electrical nerve stimulation (TENS) which also provided 60-80% relief. The injured worker is noted as unable to complete or requires assistance to complete bathing, cleaning & cooking. The injured workers medication includes Gralise ER, OxyContin, Oxycodone, and cyclobenzaprine, New Terocin Lotion, Bisacodyl, Glyburide and Metformin. The request was for a walk-in tub with guard rails. The request for authorization form and rationale was noted included in the documentation, submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALK-IN TUB WITH GUARD RAILS BETWEEN 2/17/2014 AND 4/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (DME).

Decision rationale: The injured worker complained of chronic pain and difficulty with activities of daily living (ADL) such as dressing, grooming and shopping. In addition complained that he either requires assistance or is unable to complete the following activities of daily living: bathing, cleaning & cooking. The Official Disability Guidelines states that durable medical equipment (DME) are recommended generally if there is a medical need. However, 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 limitations 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. The term DME is defined as equipment which can withstand repeated use, i.e. could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of illness or injury and is appropriate for the use in a patient's home. The documentation provided does not support the medical necessity for a walk-in tub and does not meet the definition of durable medical equipment. There was a lack of documentation of significant functional deficits in the lower extremities on the most recent physical examination. There is no indication that the injured worker cannot get in and out of a standard tub/shower for a limited time period to support the need for a walk-in tub with guard rails. The request for a walk-in tub with guard rails is not medically necessary or appropriate.