

Case Number:	CM14-0041887		
Date Assigned:	06/30/2014	Date of Injury:	11/06/2001
Decision Date:	07/31/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, headaches, dizziness, and low back pain reportedly associated with an industrial injury of November 6, 2001. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The claimant has reportedly been deemed "totally permanently disabled," it was suggested on a report dated July 16, 2013. In a utilization review report dated April 1, 2014, the claims administrator denied shower grab bars, a non-skid shower mat, and tinting of driver and passenger cars. In a February 19, 2014 progress note, the claimant was described as having persistent complaints of headaches and sleep disturbance. The claimant suffered a fall upon entering the shower several weeks back without experiencing any injuries. The claimant also has a history of having slipped in a gym. There are reported complaints of dizziness, emotional disturbance, various sporadic falling, headaches, shoulder pain, sleeping disturbance, sexual dysfunction, and visually deteriorated. It was stated that the claimant wife was being paid through system in performing activities of daily living, including showering, nail trimming, and meal preparation. Medications include Levitra, Restasis, Artificial Tears, Tylenol, Lidoderm, and melatonin. The claimant exhibited near normal gait in the clinic setting, albeit slightly wide-based. The claimant was described as severely disabled. Authorization was sought for a traumatic brain injury program. Installment of shower bars, non skid mat, and tinting of windows was sought due to claimant's photosensitivity. It was stated that the claimant should remain off of work. It was noted that the claimant's wife should be reimbursed for accompanying her husband to the gym even if she did not participate in exercises herself.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; Non Skid Shower Matt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers of Medicare and Medicaid Services (CMS) 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 of durable medical equipment. As noted in the Official Disability Guidelines (ODG) knee chapter durable medical equipment topic, durable medical equipment is generally recommended if there is a medical need and the device or the system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, could normally be rented, could be used by successive applicants, is intended to serve a medical purpose, and is generally not useful to an individual in the absence of illness or injury. In this case, however, the non-skid shower mat is, an article of individual convenience and not an article of medical necessity as defined by Medicare and ODG. The shower mat cannot be rented, nor could it be used by successive patients. Therefore, the request for non skid shower mat is not medically necessary and appropriate.

DME: Shower Grab Bars with Installation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers of Medicare and Medicaid Services (CMS) 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 Official Disability Guidelines (ODG) Knee Chapter Durable Medical Equipment topic, articles which qualify as DME are those articles, which are not useful to an individual in the absence of injury or illness, articles which could be used by successive applicants, articles which normally could be rented, and/or articles which are primarily and customarily intended to serve a medical purpose. In this case, however, the shower grab bars are articles of medical convenience. These grab bars cannot be rented, nor they can be used by successive individuals. Therefore, the request for shower grab bars with installation is not medically necessary and appropriate.

Tinted car windows due to the patients chronic photosensitivity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers of Medicare and Medicaid Services (CMS) 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 and Leg Chapter, Durable Medical Equipment topic.

Decision rationale: As noted in the Official Disability Guidelines (ODG) Knee Chapter Durable Medical Equipment topic, durable medical equipment is considered equipment primarily and customarily intended to serve a medical purpose. It should not be useful to individuals in the absence of disease or illness. In this case, however, window tinting could be useful to the claimant in the absence of disease or illness. The claimant lives in Southern California, a warm-weather area. Window tinting would likely serve a non medical purpose here and would, in fact, be useful to the claimant with and without complaints of headaches. Therefore, the request for tinted car windows due to the patients chronic photosensitivity is not medically necessary and appropriate.