

Case Number:	CM14-0043662		
Date Assigned:	07/02/2014	Date of Injury:	10/01/2002
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 60-year-old male who reported an injury on 10/01/2002. The mechanism of injury was not provided within the documentation. The injured worker's diagnoses was noted to be post vaccination myelopathy. The Primary Treating Physician's Report for 02/05/2014 does not provide subjective complaints. The examination on 02/05/2014 noted pertinent findings of upper extremity weakness. The injured worker's medications were noted to be omeprazole, Neurontin, Motrin, Cymbalta, Synthroid, and Proair inhaler. The Primary Treating Physician's Report for 02/05/2014 indicated in the treatment plan to refill all medications. The provider's rationale for the request was not provided within the Primary Treating Physician's Report on 02/05/2014. A Request for Authorization was provided with the date 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adult Diapers: 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 and Leg, Durable medical equipment (DME).

Decision rationale: The request for adult diapers is not medically necessary. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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. Certain DME toilet items such as commodes, bed pans, etc., are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, suds 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. According to the documentation submitted for review, the injured worker was not noted to be bed or room confined. It was not noted within the documentation submitted for review that the request was prescribed as part of a medical treatment. Therefore, the request for adult diapers is not medically necessary.

Adjustable bed with air mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Medicare National Coverage Determinations Manual, Chapter 1, Part 4, and Section 260.7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The request for adjustable bed with air mattress is not medically necessary. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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. Certain DME toilet items such as commodes, bed pans, etc., are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, suds 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. According to the documentation submitted for review, the injured worker was not noted to be bed or room confined. It was not noted within the documentation submitted for review that the request was prescribed as part of a medical treatment. Therefore, the request for adjustable bed with air mattress is not medically necessary.

Stationary bicycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Knee Chapter, Exercise Equipment, and 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 and Leg, Durable medical equipment (DME).

Decision rationale: The request for stationary bicycle is not medically necessary. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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. Certain DME toilet items such as commodes, bed pans, etc., are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, suds 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. According to the documentation submitted for review, the injured worker was not noted to be bed or room confined. It was not noted within the documentation submitted for review that the request was prescribed as part of a medical treatment. Therefore, the request for stationary bicycle is not medically necessary.

Home Health Care 24 hours/day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for home health care 24 hours a day is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services for patients who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. 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. The injured worker was not noted to be homebound. The request for 24 hours a day exceeds the guidelines. The documentation submitted does not objectively provide significant medical need for the request. Therefore, the request for home health care 24 hours a day is not medically necessary.