

Case Number:	CM14-0072122		
Date Assigned:	08/08/2014	Date of Injury:	04/02/2012
Decision Date:	09/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 51 year old female who sustained an injury to her neck while performing her usual and customary duties as a life insurance agent reported on 04/02/12. The injured worker developed pain in her neck extending into the right shoulder and down the right arm, as well as pain and numbness in the bilateral hands/wrists. Plain radiographs were obtained on 05/22/12 and the injured worker was referred for physical therapy, which provided no benefit. MRI of the cervical spine dated 08/09/12 was obtained as well as electrodiagnostic studies. The injured worker underwent bilateral carpal tunnel release surgeries, right in December of 2012, left in February of 2013. MRI of the cervical spine on 01/06/14 revealed status post C5 through C6 fusion with associated strophic and T2 weights hyperintense cord which is likely chronic myelomalacia; cervical spondylosis resulting in spinal stenosis at C4-5 through C6-7 and neuroforaminal narrowing throughout except for C7-T1. The injured worker was recommended for revision fusion at these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide times 2 weeks for 4 hours a day: Upheld

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

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

Decision rationale: The request for a home health aide for 2 weeks for 4 hours a day is not medically necessary. The previous request was denied on the basis that there was no additional information provided at the time of case submission that would indicate the injured worker required the recommended medical treatment and that the injured worker is home bound on a part time or intermittent basis that would require home care home health aides. As of 05/09/14, no additional information had been received. There was no indication that the surgical procedure has been performed or certified. Given this, the request for a home health aide for 2 weeks for 4 hours per day is not indicated as medically necessary.

Front Wheel Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual: Mobility Assistive 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 chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The previous request was denied on the basis that the Medicare National Coverage Determinations manual states that a walker is covered if the injured worker meets mobility assistive equipment (MAE) clinical criteria. MAE is reasonable and necessary for beneficiaries to have a personal mobility deficit sufficient to appear their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. It was unclear if the requested surgical procedure had been certified or performed. Given this, the request for a front wheel walker is not indicated as medically necessary.

Tub Bench: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

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 chapter, Bathtub seats.

Decision rationale: The previous request was denied on the basis that evidence based guidelines do not consistently support the requested tub bench in the management of the cited injury/condition. The Official Disability Guidelines state that bath tub seats are considered a

comfort or convenience item, hygienic equipment, and not primarily medical in nature. Given this, the request for a tub bench is not indicated as medically necessary.

Shower head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

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

Decision rationale: The previous request was denied on the basis that evidence based guidelines/medical practice standard of care necessitates documentation that the request represents medical treatment in order to be reviewed for medical necessity. There was no documentation that the request represents medical treatment that should be reviewed for medical necessity. The Official Disability Guidelines state that durable medical equipment is classified as items that 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 is not useful to a person in the absence of illness or injury, and is appropriate for use in the injured worker's home. Given this, the request for a shower head (handheld) is not indicated as medically necessary.

Occupational Therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The previous request was denied on the basis that there was no documentation of a pending surgery that has been certified. The request for occupational therapy 2 times per week for 4 weeks was delayed on 04/25/14 for additional information, specifically, documentation of a pending surgery that has been authorized/certified. As of 05/19/14, no additional information has been received. There was no additional documentation submitted that would provide any additional clinical information to support reversing the previous adverse determination. Given this, the request for occupational therapy 2 times per week for 4 weeks is not indicated as medically necessary.

Reacher: 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) Online version, durable medical equipment.

Decision rationale: The Official Disability Guidelines state that DME is classified as add items that can withstand repeated use, i.e., can normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the injured worker's home. Given this, the request for a reacher is not indicated as medically necessary.