

Case Number:	CM14-0082338		
Date Assigned:	07/21/2014	Date of Injury:	07/06/2013
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This is a 51 year old female with a 7/6/2013 date of injury. She was sweeping and slipped on a wet substance and twisted her right knee and fell backwards. A progress report dated 4/30/14 noted subjective complaints of low back pain and right knee pain. She was having more difficulty performing Activities of Daily Living's (ADLs) including showering and had to have a friend help her. Objective findings included antalgic gait, 4/5 knee flexion motor strength on the right, tenderness to palpation along the right knee joint line. Swelling was noted on the right lower extremity including the knee. An MRI of the right knee dated 3/17/14 showed tricompartmental osteoarthritis of the knee, worse in the medial compartment where there was a complex medial meniscus tear and medial meniscus extrusion. There was a suspicion of a lateral meniscus tear. A 6/9/14 response to the utilization review denial argued that the patient was unable to bend down to reach her lower extremities due to her leg injury and back problems. Diagnostic Impression noted right knee injury. Treatment to date includes; medication management. A utilization review decision dated 5/15/14 denied the request for shower chair. A rationale for the shower chair is not documented. Additionally, bath chairs are not considered medical equipment by Official Disability Guidelines. It also denied the request for long handled shower brush and a rationale was not included. Durable medical equipment must 1) be able to withstand repeated use i.e. could normally be rented and used by successive patients and 2) is primarily and customarily used to serve a medical purpose. A body brush fulfills neither requirement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: (ODG) states that a "device is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment Durable medical equipment (DME) below. 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 (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home." However, while the provided documentation makes note of patient's difficulty bending down to reach her legs and has needed assistance from a friend to shower, a shower chair is a device of convenience that is not specifically serving a medical purpose. It is not being prescribed as a part of a treatment plan for rehabilitation of the knee injury, but rather to make it more convenient for the patient to bathe. A shower chair does not meet the criteria for being primarily and customarily used to serve a medical purpose. Therefore, the request for a shower chair was not medically necessary.

Long Handled Shower Brush: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: (ODG) states that a "device is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. 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 (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. (DME) is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home." However, while the provided documentation makes note of patient's difficulty bending down to reach her legs and has needed assistance from a friend to shower, a long handled shower brush is a device of convenience that is not specifically serving a medical purpose. It is not being prescribed as a part of a treatment plan for rehabilitation of the knee injury or back injury, but rather to make it more convenient for the patient to bathe. A long handled brush does not meet the criteria for being primarily and customarily used to serve a medical purpose. Therefore, the request for a long handled brush was not medically necessary.