

Case Number:	CM14-0206129		
Date Assigned:	12/18/2014	Date of Injury:	04/01/2011
Decision Date:	02/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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:

Injured worker (IW) is a 51 year old female who sustained an industrial injury to the low back and lower extremity due to a slip and fall incident on 04/01/11. Records also indicate a history of prior industrial back injuries in 2008 and 2009, from which IW recovered completely. 05/18/11 lumbar MRI revealed a disc protrusion at L4-5 and disc extrusion at T9-10, as well as facet arthropathy throughout the lumbar spine. 06/16/11 lower extremity electrodiagnostic studies were interpreted as consistent with acute right and left L5 radiculopathy. 08/11/11 left knee MRI revealed a medial meniscus tear. She is /p arthroscopic left knee surgery on 05/25/12, as well as 12/05/12 lumbar decompression and discectomy. Other treatment has included medications, physical therapy, durable medical equipment (DME), and individual psychotherapy (IPT). She is also seeing an internist for multiple non-industrial conditions. Previous use of the NSAID medication is documented in 2013. She has received omeprazole on a long-term basis for symptoms of GERD and chest pain. A longstanding history of obesity which predates the industrial injury is documented. 01/09/14 comprehensive metabolic panel was normal. 02/05/14 AME report documented tenderness over the lumbar surgical scar and guarded range of motion. No evidence of skin breakdown was documented. Shuffling gait was noted. Ligaments were stable to stress testing. No focal neurological deficits were documented. She appeared to have 1 inch of left thigh atrophy. Future medical treatment recommendations were silent concerning DME or DEXA scan. Office notes document complaints of chronic low back and left knee pain. 06/19/14 psychological AME stated that IW reported being sedentary most of the time, but sometimes helped with cooking and accompanied her husband on errands. She was able to drive short distances and reported sometimes walking around the house or the beach. She reported requiring assistance with basic activities of daily living such as dressing and bathing. 10/24/14 transfer of care report stated IW was admitted to the hospital overnight on 09/24/14 for left

breast and abdominal burning pain. X-rays showed demineralization and DJD of the thoracic spine compared to x-rays done on 07/24/14. Repeat x-rays to confirm impression of bony demineralization are not documented. Treating physician recommend DEXA scan with own MD, as well as multiple items of DME. 09/29/14 letter per patient states that she requires a long handle sponge because she can't bend in the shower without pain. She also stated that she needed supportive chair due to her height and weight. She reported she needed a supportive chair for safe seating and rising aid. She stated that seat should be deep enough to permit the back to contact the lumbar support, the back support shoulder offer firm support, the seat cushion should help relieve painful pressure point on the spine and she should be able to get up more frequently to relieve pressure on the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Chair with back support: 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, Durable medical equipment (DME)

Decision rationale: Official Disability Guidelines recommendations concerning DME state: "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. The term 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. (CMS, 2005)"The requested chair with back support fails to meet the definition of DME per the Official Disability Guidelines. Therefore, this request is not medically necessary.

Long handle shower sponge: 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, Durable medical equipment (DME)

Decision rationale: Official Disability Guidelines recommendations concerning DME state: "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. The term 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; & (5) Is appropriate for use in a patient's home. (CMS, 2005)" The requested long handle shower sponge fails to meet the definition of DME per Official Disability Guidelines. Therefore, this request is not medically necessary.

DEXA Scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medicinenet.com/bone_density_scan/page4.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: --Malaban AO, et al. Indications of DXA in women younger than 65 yr and men younger than 70 yr: the 2013 official positions. J Clin Densitom. 2013 Oct-Dec;16(4):467-71. -- ACR-SPR-SSR Practice parameter for the performance of dual-energy x-ray absorptiometry (DXA). Accessed on-line at <http://www.acr.org/~media/eb34da2f786d4f8e96a70b75ee035992.pdf> -Targownik, et al. Use of proton pump inhibitors and ri

Decision rationale: Official Disability Guidelines (ODG) is silent concerning this request. Screening DEXA scans to evaluate for bone density are recommended for asymptomatic women over the age of 65 by evidence-based guidelines. The injured worker is 51 years old. A panel composed of members of the American Society for Bone and Mineral Research (ASBMR), the North American Menopause Society (NAMS), and the National Osteoporosis Foundation (NOF) recommends bone density scans for women under the age of 65 with risk factors for osteoporosis (see Malaban, et al). The American College of Radiology practice parameter makes similar

recommendations, and recommends DEXA scans for individuals of any age with bone mass osteopenia noted on imaging studies such as radiographs, CT scans or MRIs. The injured worker has documented risk factors for low bone density; including history of vitamin D deficiency and long-term use of the proton pump inhibitor omeprazole (see Targownik, et al). Based upon documented risk factors and recent x-rays interpreted as showing demineralization, the requested DEXA scan is reasonable and medically necessary.