

<b>Case Number:</b>	CM15-0003644		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female who sustained an industrial related injury on 11/8/10. The injured worker had complaints of back pain and left lower extremity radicular symptoms include weakness and numbness. Physical examination findings included mild restriction in range of motion of the cervical spine, paraspinous tenderness on the right and left but no central tenderness, and radiating pain to challenge to the distal bilateral upper extremities. The diagnosis was multilevel degenerative disc disease of the cervical spine. On 12/1/14 the injured worker underwent an anterior lumbar interbody fusion at L3-4, L4-5, and L5-S1. On 12/3/14 a laminectomy decompression and L4-5 posterolateral fusion with instrumentation L3-S1 was performed. The treating physician requested authorization for retro skilled nursing post back surgery, shower chair, hand held shower, walker pouch, and a 24 inch reacher. An intra-facility transfer note dated December 7, 2014 states that the patient is walking as directed with a walker but requires physical therapy, occupational therapy, and nursing at the new facility. An admission note dated December 1, 2014 states that the anticipated discharge disposition is home. A physical therapy note dated December 4, 2014 states that the patient may benefit from skilled nursing facility since she lives alone and has 20 steps to enter her residence. On 12/31/14 the requests were non-certified. Regarding skilled nursing, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted there was no indication that the injured worker required skilled nursing services on a 24 hour basis following surgery. Therefore the request was non-certified. Regarding the shower chair, hand held shower, walker pouch, and 24

inch reacher the UR physician cited the ODG and noted environmental modifications are not considered primarily medical in nature. The requests were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Skilled Nursing Post Back Surgery: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Skilled Nursing Facility Care

**Decision rationale:** Regarding the request for skilled nursing facility, California MTUS and ACOEM do not contain criteria for the use of skilled nursing facilities. ODG recommends the use of skilled nursing facilities if the patient has been hospitalized for at least 3 days for major multiple trauma or major surgery and was admitted to the skilled nursing facility within 30 days of discharge, if treatment for the above conditions has caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. Additionally, skilled nursing admission would require that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week. The patient needs to benefit from and participate with at least 3 hours per day of physical therapy, occupational therapy, and or speech therapy. Additionally, ODG states that the facility must be a Medicare certified facility, and the treatment is precluded in lower levels of care. Within the documentation available for review, there is relatively sparse documentation of functional limitations stating simply that the patient can ambulate with a walker. Furthermore, there is no indication that the patient is unable to ambulate more than 50 feet and perform activities of daily living, or that the patient would be able to tolerate at least 3 hours per day of physical therapy and occupational therapy. One of the notes does indicate that the patient ambulates with a walker and a house a home with multiple steps. Unfortunately, there is no physician or therapist assessment indicating that the patient is unable to navigate the steps safely and/or that there is no other way to enter the home. Additionally, the request does not contain a duration for the use of a skilled nursing facility. Guidelines do not support the open-ended application of skilled nursing facility stays. In the absence of clarity regarding those issues, the currently requested skilled nursing facility is not medically necessary.

#### **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 (ODG)

**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:** Regarding the request for a shower chair, California MTUS does not address the issue. ODG states 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. Within the documentation available for review, it appears the patient is using a walker for ambulation. Therefore, the use of a shower chair may be indicated. However, it is unclear whether the current request is for rental of a shower chair or purchase of a shower chair. Unfortunately, there is no documentation indicating how long the shower chair is intended to be used, or even clearly identifying the deficits which would require its use. In the absence of clarity regarding those issues, the currently requested shower chair is not medically necessary.

**Hand Held Shower:** Upheld

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

**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:** Regarding the request for a hand held shower, California MTUS does not address the issue. ODG states 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. Within the documentation available for review, it appears the patient is using a walker for ambulation. Therefore, the use of a hand held shower may be indicated. However, it is unclear whether the current request is for rental of a hand held shower or purchase of a hand held shower. Unfortunately, there is no documentation indicating how long the hand held shower is intended to be used, or even clearly identifying the deficits which would require its use. In the absence of clarity regarding those issues, the currently requested hand held shower is not medically necessary.

**Walker Pouch:** Upheld

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

**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:** Regarding the request for a walker pouch, California MTUS does not address the issue. ODG states 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. Within the documentation available for review, there is no explanation as to why a walker pouch would be needed to address any of the patients functional limitations. The absence of clarity regarding that issue, the currently requested Walker pouch is not medically necessary.

**24 Inch Reacher:** Upheld

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

**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:** Regarding the request for a 12-inch reacher, California MTUS does not address the issue. ODG states 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. Within the documentation available for review, it appears the patient is using a walker for ambulation. Therefore, the use of a 12-inch reacher may be indicated. However, it is unclear whether the current request is for rental of a 12-inch reacher or purchase of a 12-inch reacher. Unfortunately, there is no documentation indicating how long the 12-inch reacher is intended to be used, or even clearly identifying the deficits which would require its use. In the absence of clarity regarding those issues, the currently requested 12-inch reacher is not medically necessary.