

Case Number:	CM15-0019074		
Date Assigned:	02/06/2015	Date of Injury:	04/15/2013
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 04/15/2013 due to an unspecified mechanism of injury. A discharge note dated 01/21/2015 shows that the injured worker had undergone an L4-5 decompression and fusion with allograft. It was noted that she was discharged on 01/21/2015 with follow-up instructions to continue all of her home medications including Norco for pain. It was noted that during her hospital stay she tolerated her physical therapy well and had an overall unremarkable hospital course. No information was provided regarding her condition, subjective complaints, or physical examination findings. The treatment plan was for the purchase of a front wheel walker, purchase of 3 in 1 commode chair, and purchase of a shower chair. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Front wheel walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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, Walking Aides.

Decision rationale: The Official Disability Guidelines state that disability, age related impairments and pain seemed to determine the need for a walking aid. There was no clinical documentation submitted for review showing that the injured worker was having trouble ambulating. There was also no clear rationale for the medical necessity of a front wheeled walker. Without a clear rationale for the medical necessity of the request, the request would not be supported. Therefore, the request is not medically necessary.

Purchase of a 3-1 commode chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can withstand repeated use, can normally be rented and used by successive patients, is not generally needed in the absence of an illness or injury, and is medically necessary to treat a diagnosis or injury. The documentation provided does not indicate a clear rationale for the medical necessity of the request. Also, the purchase of this device would not be supported as the guidelines state that durable medical equipment is preferably rented. Therefore, the request is not supported. As such, the request is not medically necessary.

Purchase of a Shower chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can withstand repeated use, can normally be rented and used by successive patients, is not generally needed in the absence of an illness or injury, and is medically necessary to treat a diagnosis or injury. The documentation provided does not indicate a clear rationale for the medical necessity of the request. Also, the purchase of this device would not be supported as the guidelines state that durable medical equipment is preferably rented. Therefore, the request is not supported. As such, the request is not medically necessary.

