

<b>Case Number:</b>	CM15-0131312		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 male, who sustained an industrial injury on 5/08/2007. Diagnoses include post laminectomy syndrome, lumbar radiculopathy, gait derangement with right foot drop and bilateral neuropathic dysfunction of the bilateral lower extremities residual from surgery and chronic pain syndrome. Treatment to date has included surgical intervention (lumbar spine for cauda equina syndrome x 2, 2008, and lumbar laminectomy, discectomy and fusion, 2013) as well as conservative measures including ankle bracing, wheelchair, shower chair, crutches and medications including Vicoprofen, Horizant, Colace and Protonix. Per the Primary Treating Physician's Progress Report dated 5/29/2015, the injured worker reported pain in the low and mid back. He reports worsening low back pain over the past several weeks. He continues to require forearm crutches for ambulation indicating that his legs are weak and he cannot walk without them or he falls. He also has a brace for his right foot but this has been pinching the ankle so he is not wearing this today. He thinks he needs a new one. He notes that his wheelchair and shower chair are broken and he needs new ones. He rates his pain as 8-9/10 in severity. Objective findings include a mild steppage gait, he walks with forearm crutches. He has low back pain with decreased, painful range of motion. The plan of care included, and authorization was requested, for right foot AFO brace, shower chair replacement and wheelchair replacement/repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Foot AFO Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** Per the MTUS Guidelines, for acute ankle injuries, immobilization and weight bearing as tolerated, and taping or bracing to avoid exacerbation or for prevention is recommended. The injured worker does not have an acute injury, and there is no indication of any instability by examination or imaging of the ankle/foot. There is no documentation that supports the request to replace the existing brace that the injured worker is already using, therefore, the request for right foot AFO brace is not medically necessary.

**Shower Chair Replacement: 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) Knee & Leg Chapter/Durable Medical Equipment Section Knee & Leg Chapter/Bathtub Seats Section.

**Decision rationale:** MTUS guidelines do not address the use of durable medical equipment, therefore, other guidelines were consulted. DME 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. 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. Per the ODG, bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. The request for shower chair replacement is not medically necessary.

**Wheelchair Replacement /or Repair: 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 Chapter/Durable Medical Equipment Section.

**Decision rationale:** MTUS guidelines do not address the use of durable medical equipment, therefore, other guidelines were consulted. DME 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. 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. Per the ODG, wheelchairs are recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. However, in this case, the injured worker has a wheelchair. It is unclear what is wrong with the wheelchair that it needs to be replaced. The request for wheelchair replacement / or repair is not medically necessary.