

Case Number:	CM15-0132842		
Date Assigned:	07/21/2015	Date of Injury:	08/08/2000
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: Emergency 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:

This 59 year old female sustained an industrial injury to the low back, hands and wrists on 8/8/00. Documentation did not disclose previous treatment or magnetic resonance imaging. In an orthopedic evaluation dated 3/16/15, the physician noted that the injured worker had fallen at work on 2/9/15 with subsequent new pain in bilateral hips, knees, ankles and feet as well as ongoing neck, thoracic, lumbar and bilateral wrists and hand pain from her previous injury. The injured worker stated that she did not want any surgery. In a PR-2 dated 6/9/15, the injured worker complained of ongoing pain in the neck, upper and lower back and bilateral wrists and hands. Physical exam was remarkable for diminished sensation to the right lower extremity. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel surgery. The treatment plan included requesting authorization for a transcutaneous electrical nerve stimulator unit, bath tub safety bars, shower chair, bedside commode, heating pads, lumbar spine orthotic, a pain medicine consultation, lumbar spine magnetic resonance imaging and medications (Percocet, Ambien, soma and Bio freeze gel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bath tub safety bars: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation 2015: Knee/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 & Leg, Shower Grab Bars.

Decision rationale: The requested Bath tub safety bars, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue, but Official Disability Guidelines, Knee & Leg, Shower Grab Bars, recommend durable medical equipment if there is a medical need. ODG Guidelines note that grab bars are considered a self-help device and are not primarily medical in nature. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The injured worker has ongoing pain in the neck, upper and lower back and bilateral wrists and hands. Physical exam was remarkable for diminished sensation to the right lower extremity. The treating physician has not documented the medical necessity for this DME. The criteria noted above not having been met, Bath tub safety bars are not medically necessary.