

Case Number:	CM15-0132861		
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/shower chair purchase: 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), Knee & Leg, Durable medical equipment.

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: The requested Bath/shower chair purchase is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Durable medical equipment (DME) note: "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 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 adequately documented that the injured worker is bed or room-confined. The criteria noted above not having been met, Bath/shower chair purchase is not medically necessary.