

Case Number:	CM15-0142912		
Date Assigned:	08/03/2015	Date of Injury:	09/24/1997
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 70 year old who female sustained an industrial injury on 09-24-1997. Mechanism of injury was a fall striking her head and back as she fell. Diagnoses include gait disturbance, osteoarthritis of the knee, pain in joint-knee and cervical disc disease. Treatment to date has included diagnostic studies, medications, cervical spine surgery x 3, and lumbar spine surgeries x 5, physical therapy, epidural steroid injections, and use of Transcutaneous Electrical Nerve Stimulation unit, massage, psychiatric therapy, aquatic therapy, exercises, and acupuncture. A physician progress note dated 06/23/2015 documents the injured worker has increased pain in her left knee. She rates her pain as 9 out of 10, and it is characterized as aching and catching. She had a knee injection on the last visit which provided relief for 5 weeks. On examination he has tenderness over the medial joint space and the lateral joint space of the left knee with positive patellofemoral grind test on the right. Muscle strength in the lower extremities is within normal limits with good range of motion. There is tenderness on palpation to the upper trapezius bilaterally and tender subocciput bilaterally. Neck range of motion is restricted with pain and crepitation. Lumbar spine range of motion is restricted due to pain and crepitation. Lower extremities reveal good range of motion without pain or crepitation. She ambulates with a three wheeled rollator and gait is slow and cautious. She is in need of a walk in bathtub and a 4 wheel rotator. The walk in bathtub allows the patient to clean herself when needed an soaking in the warm water is therapeutic for her and improves her pain symptoms which she would like to do a least twice a day but due to the need of 1 person to assist her in her current tub with the lift she cannot get into the tub but one a day. Her current rollator is unrepairable with the main bar broken. Treatment requested is for purchase of a rollator with bucket seat and locking hand brakes, and walk-in bath tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Rollator with bucket seat and locking hand brakes: 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, Knee and Leg Procedure Summary, Walking Aids.

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 aids.

Decision rationale: This 70 year old female has complained of left knee pain, low back pain and neck pain since date of injury 9/24/97. She has been treated with TENS, acupuncture, knee injections, surgery, epidural steroid injections and medications. The current request is for purchase of a rollator with bucket seat and locking hand brakes. The available medical records do not contain adequate documentation of objective findings to support the necessity of purchase of a rollator with bucket seat and locking hand brakes. On the basis of the available medical documentation and per the ODG guidelines cited above, purchase of a rollator with bucket seat and locking hand brakes is not medically necessary.

Walk-in bath tub: 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, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: This 70 year old female has complained of left knee pain, low back pain and neck pain since date of injury 9/24/97. She has been treated with TENS, acupuncture, knee injections, surgery, epidural steroid injections and medications. The current request is for purchase of a walk in bath tub. The available medical records do not contain adequate documentation of objective findings to support the necessity of purchase of a walk in bath tub. On the basis of the available medical documentation and per the ODG guidelines cited above, purchase of a rollator with bucket seat and locking hand brakes is not medically necessary.