

<b>Case Number:</b>	CM15-0181668		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 33 year old female, who sustained an industrial injury on January 10, 2013. The injured worker was being treated for sprain and strain of the thoracic region, sprain and strain lumbar spine, and sprain and strain of hip, thigh, other. On 8-4- 2015, the injured worker reports ongoing lower back and right hip pain. Per the treating physician the injured worker is "exercising often and pain levels have been reduced as a result." Current medications include Gabapentin, Soma, Flexeril, and Norco. The physical exam (August 4, 2015) reveals tenderness over the buttock and lower back, and right sided sacroiliac and iliolumbar tenderness on flexion at the waist to knee and extension. Per the treating physician (12-12- 2014 report), an MRI of the right hip revealed "several areas of tendinitis and tendinosis around the right hip joint including the quadratus femoris muscle. There is suspicion about impingement in the ischiofemoral region." Per the treating physician (8- 4- 2015 report), a lumbar MRI and x-rays of the lumbar and right hip were normal. Treatment has included a lumbar epidural steroid injection and medications pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (7-8-2015 report), the injured worker continues to work. On August 4, 2015, the requested treatments included a floor mat. On August 13, 2015, the original utilization review a non-certified request for a floor mat as there were no guidelines or scientific research to support use of a floor mat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 floor mat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guideline Clearinghouse.

**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 Chapter, under Durable Medical Equipment (DME).

**Decision rationale:** The patient presents on 09/01/15 with unrated neck pain, upper back pain, and shoulder pain. The patient's date of injury is 01/10/13. Patient is status post lumbar ESI in September 2014. The request is for 1 floor mat. The RFA is dated 08/04/15. Physical examination dated 09/01/15 reveals bilateral shoulder pain on abduction from 90-120 degrees, tenderness to palpation over the buttocks, lower back, and right SI and illiolumbar region. The patient is currently prescribed Gabapentin, Soma, Flexeril, and Norco. Patient's current work status is not provided. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: 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. 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. In regard to the unspecified floor mat the treater has not provided a reason for the request or a description of the item. Progress note dated 08/04/15, which is associated with the request, does not provide any insight into the nature of the requested floor mat or indicate any medical necessity therein. While ODG does not address such requests as floor mats, it does set forth several criteria regarding durable medical equipment. In this case, it is likely that the requested floor mat can withstand repeated use, and is appropriate for use in a patient's home. However, as no description of the mat is provided, it is impossible to determine whether it is primarily and customarily used to serve a medical purpose, and it would likely remain useful even in the absence of illness or injury. While the provider feels as though this is an appropriate medical intervention for this patient, a floor mat does not satisfy ODG criteria for durable medical equipment and therefore cannot be substantiated. The request is not medically necessary.