

Case Number:	CM15-0191532		
Date Assigned:	10/05/2015	Date of Injury:	03/09/2007
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 03-09-2007. He has reported subsequent low back pain and was diagnosed with herniated disc at L3, L4 and L5 status post lumbar back surgery x 2 with post-operative complications including right deep vein thrombosis and possible neurogenic bladder related to lumbar surgery with arachnoiditis and compression of nerve fibers to the bladder. The injured worker was also diagnosed with diabetes mellitus, hypertension and extreme obesity. Treatment to date has included pain medication, physical therapy, epidurals and rhizotomies, which were noted to have failed to significantly relieve the pain. In a progress note dated 08-04-2015, the injured worker reported ongoing constant pain, swelling in the right leg, difficulty sleeping due to pain and decreased distance in walking due to increased pain. The location of pain and severity of pain were not documented. The injured worker was noted to be using Amitiza with good benefit. In a progress note dated 09-01-2015, the injured worker reported ongoing pain with increased difficulties carrying out activities of daily living. There was no indication as to the location or severity of pain and no objective findings were documented. The physician noted that a request for a home health aide and lift chair for home use was being made. The injured worker was noted to be assisted daily by another individual. Work status was documented as 100% disabled. A request for authorization of lift chair for home use purchase and walk in bathtub purchase was submitted. As per the 09-10-2015 utilization review, the requests for lift chair for home use purchase and walk in bathtub purchase were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift chair for home use 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, 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 and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, lift chair for home use, purchase is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are chronic pain; status post surgery; and PTSD. The date of injury is March 9, 2007. Request authorization is September 2, 2015. According to a September 1, 2015 progress note, the injured worker has a right arm permanent disability. The injured worker has difficulty with ADLs. The injured worker ambulates with a cane. Objectively, the injured worker has a slow gait with a cane. The right lower extremity is that feminists and tender below the right knee. The injured worker has a permanent right on disability that limits his ability to push off from a sitting position standing. This DME is not a medical treatment. Sitting in a higher chair would aid the injured worker in transitioning from the sitting to standing position. Additionally, the lift chair does not meet the definition for durable medical equipment and that it is used primarily and customarily to serve a medical purpose. There was a peer-to-peer conference call between the utilization review provider and the treating provider. The treating provider agreed the request (the lift chair) did not represent medical treatment. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, lift chair for home use, purchase is not medically necessary.

Walk in bathtub 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, Knee Chapter - 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 and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, walk-in bathtub for purchase is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are chronic pain; status post surgery; and PTSD. The date of injury is March 9, 2007. Request authorization is September 2, 2015. According to a September 1, 2015 progress note, the injured worker has a right arm permanent disability. The injured worker has difficulty with ADLs. The injured worker ambulates with a cane. Objectively, the injured worker has a slow gait with a cane. The right lower extremity is edematous and tender below the right knee. The injured worker has a permanent right arm disability. There is no clinical discussion, indication or rationale for a walk in bathtub. Additionally, most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical discussion, indication or rationale for a walk in bathtub and guidelines non-recommendations for most bathroom supplies, walk-in bathtub for purchase is not medically necessary.