MAXIMUS Federal Services

Case Number:	CM15-0191576		
Date Assigned:	10/05/2015	Date of Injury:	03/27/2013
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male injured worker suffered an industrial injury on 3-27-2015. The diagnoses included bilateral knee osteoarthritis. On 8-4-2015, the provider noted the injured worker's wife will be going out of town for 1 month and stated she gives him his bath. He requested a bariatric shower chair so he can shower himself. He requested a bariatric cane as the cane he had is not for individuals that were 400 pounds and he was nervous he would fall. He stated he was unable to walk greater than 200 feet and then needed to sit down due to pain. On 8-10-2015, the treating provider reported bilateral knee demonstrates no obvious joint effusion and positive patellar grind and crepitus. There was maximum tenderness over the medical femoral condyles. The Utilization Review on 9-17-2015 determined non-certification for Bariatric cane for 400lbs for the bilateral knees and Bariatric shower chair for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric cane for 400lbs for the bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition, Knee and Leg, Durable Medical Equipment: Walking Aids (Canes, Crutches, Braces, Orthoses, and Walkers.

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 (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for bilateral knee pain after falling on asphalt and landing on his knees. In October 2014, there had been improvement after two viscosupplementation injections and he wanted to return to work. In May 2015, the effect from the injections had worn off. A repeat series was stated in July 2015. When seen in August 2015, he was using a cane what was not rated for use at his bodyweight. His wife was assisting with bathing and he was requesting a bariatric shower chair so he could bathe himself. Physical examination findings included difficulty arising from a seated positive. He was morbidly obese. Use of a cane can be recommended when there is a diagnosis of osteoarthritis of the knee. In this case, the claimant has osteoarthritis of the knees and uses a cane that is not rated for safe use at his bodyweight. A bariatric cane is medically necessary.

Bariatric shower chair for the bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Durable Medical Equipment: Knee and Leg, Walking Aids (Canes, Crutches, Braces, Orthoses, and Walkers.

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 (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for bilateral knee pain after falling on asphalt and landing on his knees. In October 2014, there had been improvement after two viscosupplementation injections and he wanted to return to work. In May 2015, the effect from the injections had worn off. A repeat series was stated in July 2015. When seen in August 2015, he was using a cane what was not rated for use at his bodyweight. His wife was assisting with bathing and he was requesting a bariatric shower chair so he could bathe himself. Physical examination findings included difficulty arising from a seated positive. He was morbidly obese. Durable medical equipment can be recommended if there is a medical need and if the device or system meets the Medicare definition of durable medical equipment (DME). In this case, the requested shower chair is intended to allow the claimant to perform bathing independently. He has bilateral knee osteoarthritis and is morbidly obese. The show chair meets the definition of DME. It is medically necessary.