

Case Number:	CM15-0195215		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2009
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational 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 injured worker is a 50 year old female who reported an industrial injury on 3-1-2009. Her diagnoses, and or impressions, were noted to include: right wrist break with casting for over 1 year and resulting in it not healing correctly and the development of chronic regional pain syndrome (CRPS); reflex sympathetic dystrophy of the upper limb and lower limb; and the inability to care for herself at home. No current imaging studies were noted. Her treatments were noted to include: an agreed panel qualified medical evaluation on 10-26-12 with internal medicine supplemental report on 5-27-2015 & 7-29-2015; right wrist surgery with complex regional pain syndrome; a spinal cord stimulator trial, 80% effective x a few days; medication management with toxicology studies (1-27-15); and rest from work. The Home Health Care evaluation notes of 9-7-2015 reported that she exhibited considerable and taxing effort to leave home: required assistance of another to get up and move safely; was unable to safely leave the home unassisted; and that she needed assistance with personal care, incontinent care and activities of daily living. The Home Care Report of 9-7-2015 reported that she was unable to move around on her own safely, without assistance, was in desperate need of assistance, was only approved for assistance for 4 hours a day, and did not have the appropriate equipment for home health to assist her long-term, which was not noted to include a hospital table. The primary treating physician's progress notes of 9-14-2015 reported wrist pain, rated 9 out of 10. The objective findings were noted to include: CRPS on right upper extremity which spread to the right shoulder, neck and contralateral upper extremity; that she was wheelchair bound and needed assistance: continued severe pain with tenderness on the right upper extremity, neck and

left upper extremity; that she relied on her spinal cord stimulator and took oral medications for pain, with benefit. The physician's requests for treatment were noted to include a hospital table, as part of list given by her Nurse. The Request for Authorization, dated 9-24-2015, was noted to include a hospital table. The Utilization Review of 9-28-2015 non-certified the request for the purchase of a hospital table for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of hospital table for complex regional pain syndrome: 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).

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 chapter/Durable Medical Treatment Section.

Decision rationale: The MTUS Guidelines do not address hospital tables. Per the ODG, durable medical equipment is 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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 this case, the injured worker is noted to have complex regional pain syndrome of multiple body parts, however, there is very little documented evidence to support the diagnosis. The documentation fails to detail the level of disability the injured worker is experiencing and does not justify the need for a trapeze bar; therefore, the request for purchase of hospital table for complex regional pain syndrome is not medically necessary.