

Case Number:	CM15-0195217		
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:

The injured worker is a 50 year old female, who sustained an industrial injury on 03-01-2009. She has reported subsequent neck, right upper and bilateral lower extremity pain and was diagnosed with reflex sympathetic dystrophy of the upper and lower limb. Treatment to date has included pain medication, spinal cord stimulator placement, Ketamine infusion treatments, Lidocaine injections of the right hand, right stellate ganglion nerve blocks, lumbar sympathetic nerve blocks, surgery and physical therapy, which were noted to have failed to significantly relieve the pain. In a 04-27-2015 progress note the injured worker reported 8-10 out of 10 pain in the right wrist radiating to the right arm and pain from toes to groin bilaterally worst on the right side. The injured worker was noted to have completed a rehabilitation program which did not improve overall status much and that pain was chronic and severe despite numerous treatment modalities. The plan was for continuing home assistance due to severe pain and disabilities. In a progress note dated 06-24-2015, the injured worker reported more foot swelling and pain with inability to ambulate and right wrist pain radiating to the right forearm, arm and collar bone with pain from toes to groin bilaterally that was rated as 10 out of 10. The physician noted that the injured worker would continue to need home assistance due to severe level of pain and disabilities. The injured worker was noted to be unable to feed and bathe herself. In a progress note dated 09-14-2015, the injured worker reported 9 out of 10 right wrist pain. Objective examination findings revealed severe pain and tenderness of the right upper extremity neck and left upper extremity and the injured worker was noted to be wheelchair bound and to require assistance for continuing care. The physician indicated that assisted living was needed. The

injured worker was noted to be admitted to home care and did not have the appropriate equipment for a home health aide to assist the injured worker long term. The physician noted that a full electric hospital bed, commode, shower chair, wheelchair, hoist lift, hospital table and trapeze bar was being requested. A request for authorization of purchase of trapeze bars for complex regional pain syndrome was submitted. As per the 10-01-2015 utilization review, the request for purchase of trapeze bars for complex regional pain syndrome was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of trapeze bars 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 Equipment (DME) Section.

Decision rationale: The MTUS Guidelines do not address trapeze bars. 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 trapeze bars for complex regional pain syndrome is determined to not be medically necessary.