

Case Number:	CM15-0028441		
Date Assigned:	02/20/2015	Date of Injury:	02/24/2012
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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, 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 injured worker is a 52-year-old male, who sustained an industrial injury on 2/24/12. The diagnoses have included cervical arthritis, myelopathy, status post cervical fusion C5-C6. The progress note documentation noted with gentle stretching, passive range of motion exercises was outlined, and discharge summary was completed on January 13, 2015. According to the utilization review performed on 1/27/15, the requested Purchase of Adaptive Equipments, Assist for LE Activities of Daily Living's safety and effectively, as outpatient has been non-certified. Official Disability Guidelines Treatment, Knee and Leg were used in the utilization review. The utilization review noted that there was limited clinical records presented for review and no documentation presented that this surgery limited the ability to reach, grasp, or require such adaptive equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Adaptive Equipments, Assist for LE Activities of Daily Living's safety and effectively, as outpatient: 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) Knee & Leg (Acute & Chronic) updated 10/17/14.

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, Durable medical equipment (DME).

Decision rationale: Regarding the request for Purchase of Adaptive Equipments, Assist for LE Activities of Daily Living's safety and effectively, as outpatient, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sits 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. Within the documentation available for review, it does appear that the patient suffers from myelopathy. Therefore, the use of adaptive equipment may be needed. Unfortunately, the progress reports provided for review is largely illegible and do not outline why each of the pieces of adaptive equipment would be required for this patient. Furthermore, the current request is not for any specific adaptive equipment, but for "adaptive equipments" in general. There is no provision to modify the current request to allow for specific individual pieces of equipment. Guidelines do not support the open-ended application of adaptive equipment, as requested here. Due to the above issues, the currently requested Purchase of Adaptive Equipments, Assist for LE Activities of Daily Living's safety and effectively, as outpatient is not medically necessary.