

<b>Case Number:</b>	CM15-0211432		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 female who sustained an industrial injury on 09-26-2008. According to a progress report dated 10-14-2015, the injured worker continued to have pain in the left ankle and foot. She was feeling a little better with the "CMA", but it was bothering her hip because of the difference in shoe height. She was having issues with balance. She had been fit for an Arizona brace, but had not received it yet. She still had pain and deformity of the left foot and ankle. She also reported burning tingling and electric shocks. Diagnoses included stress fracture left ankle, posterior tibial tendinitis right leg and left leg, peroneal tendinitis left leg, neuralgia and neuritis unspecified, other acquired deformities of left foot and sprain of interphalangeal joint of left great toe. Since the injured worker continued to have pain in the CAM boot, the provider wanted the injured worker to go partially on her kneeling trolley. The provider noted that handles in the bathroom would be requested, as the injured worker would not be able to wear the CAM or Arizona brace. Without them, she was very unstable. The provider noted that the injured worker's kneeling trolley was not working correctly at that she would require it at least on a part time basis while the stress fractures calmed down. The treatment plan included weight bearing as tolerated with cam boot, compression socks, elevation of affected extremity, and continued use of kneeling trolley. On 10-20-2015, Utilization Review non- certified the request for bar handles in the bathroom and repairs to kneeling trolley.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bar handles in the bathroom:** 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 and Leg Chapter, DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of bathroom bar/handles. ODG does state regarding durable medical equipment (DME), recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use-used for a medical reason - not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for handles likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason would necessitate handles. No validation of the patient's fragility, fall risk, lack of ability performs these daily activities, or other components to justify this request. It is noted that the IW is "unstable" without her CAM but little else is documented. In this specific case, bar handles in the bathroom are not classified as durable medical equipment and are not recommended per ODG. As such, the request for bar handles in the bathroom is deemed not medically necessary.

**Repairs to kneeling troley:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle, Walking aids (canes, crutches, braces, orthoses, & walkers) Knee Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of a kneeling trolley. ODG notes in regard to walking aids; "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." ODG also states regarding durable medical equipment (DME); Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for walker meets the criteria for durability and

home use per Medicare classification, although the request is non-specific regarding the repairs required. The treating physician documents stress fractures as the indication for this assistive device and this seems reasonable given the IW's complaints an history. The walking aid is necessary and as it is currently non-functional repairs must also be deemed necessary. This walking aid would classify as durable medical equipment and would be recommended per the ODG walking aids reference. As such, the request for repairs to kneeling trolley is deemed medically necessary.