

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0215626 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 06/20/1991 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 6-20-91. Medical records indicate that the injured worker is undergoing treatment for multilevel lumbar degenerative disc disease with associated foraminal stenosis, lumbar radiculitis and degenerative joint disease of the right hip. The injured workers work status was noted to be permanent and stationary. On (9-28-15) the injured worker complained of low back pain. Objective findings revealed tenderness of the spinous processes over lumbar four through sacral one, bilateral paraspinal muscles, right sacroiliac joint, right sciatic notch and right trochanteric bursa. Range of motion was decreased and painful. Atrophy of the right thigh and calf was noted. Documented treatment and evaluation to date has included medications, electromyography-nerve conduction study, MRI of the lumbar spine, lumbar epidural steroid injection and a right sacroiliac joint injection. Current medications were not provided. The Request for Authorization dated 9-29-15 is for shower grab bars. The Utilization Review documentation dated 10-8-15 non-certified the request for shower grab bars.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower grab bars: Upheld

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) Knee and Leg section, DME.

Decision rationale: The MTUS Guidelines are silent in regards to shower grab bars or similar equipment. The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. In the case of this worker, although shower grab bars might be a safety improvement of the living space, it cannot be considered durable medical equipment due to not fulfilling the above criteria, such as it is not primarily for a medical purpose. Therefore, this request for shower grab bars will be considered medically unnecessary as it relates to this Worker's Compensation claim.