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| Case Number: | CM15-0033246 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 01/30/2000 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 58-year-old female, who sustained an industrial injury on 1/30/2000. She has reported right knee injury. The diagnoses have included lumbar degenerative disc disease with facet arthropathy, lumbar spine sprain/strain syndrome, right total knee replacement, right total knee revision, left knee internal derangement, reactionary depression/anxiety, cervical spine sprain/strain syndrome, degeneration facet disease, right shoulder internal derangement and left shoulder internal derangement. Treatment to date has included right knee replacement, facet joint injections (with excellent pain relief), pain medication and physical therapy. (MRI) magnetic resonance imaging of lumbar spine performed 3/7/14 revealed facet hypertrophy at L4-5 without significant central and foraminal narrowing. (MRI) magnetic resonance imaging of left hip performed on 12/9/14 revealed mild degenerative changes. Currently, the injured worker complains of continued neck and back pain. Pain in right knee is noted on visit dated 2/3/15. Physical exam dated 2/3/15 noted guarding and tenderness of cervical and lumbosacral spine with no neural changes. It is noted her back pain is increasing and she is finding it difficult to perform activities of daily living. On 2/9/15 Utilization Review non-certified a step in tub, noting the lack of documented medical deficits and impairments supporting the need for a step in tub, her injury is 15 years old and she apparently manage without tub or home elevator before. Non-MTUS was cited. On 2/18/15, the injured worker submitted an application for IMR for review of step-in tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Step in tub: 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 & Leg Chapter, Durable medical equipment (DME) Medicare Guidelines, DME.

Decision rationale: The Official Disability Guidelines (ODG), Knee & Leg Chapter, states the following 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. 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. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionater/ Extensionater; Flexionators (extensionators); Exercise equipment; Game Ready accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment. 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. (CMS, 2005)" Regarding the request for a step-in tub, California MTUS does not address the issue. ODG states certain DME 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. Medicare further clarifies that walk-in tubs are not covered as a durable medical equipment expense. Within the documentation available for review, there is documentation of lower extremity pain and knee arthritis and TKR on the right. However, there is no indication that a walk-in tub is medically necessary, or that the patient is not able to safely transfer into a standard bathtub with some training from occupational therapy. Furthermore, many national guidelines including Medicare do not consider this as DME. Therefore, the currently requested walk-in tub is not medically necessary.