

Case Number:	CM15-0047911		
Date Assigned:	03/19/2015	Date of Injury:	10/13/2009
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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, New York
 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 63 year old female injured worker suffered an industrial injury on 10/13/2009. The diagnoses were low back pain, insomnia, depression and lower extremity pain. The diagnostic study was lumbar magnetic resonance imaging. The injured worker had been treated with lumbar spine fusion and medications. On 1/26/2015, the treating provider reported lower back and lower extremity pain. The pain medications manage the pain from 9/10 down to 5/10. The pain goes down to the lower extremities with numbness, tingling and spasms and has some fecal incontinence recently. The injured worker requires the services of her caregiver for with activities of daily living. The treatment plan included Motorized scooter, Tailgate lift, and Bidet toilet seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Motorized scooter, Knee Leg.

Decision rationale: The request is considered not medically necessary. MTUS states that if patient is able to ambulate with cane or walker or has the upper extremity strength to propel a manual wheelchair, then a motorized scooter is not medically necessary. According to ODG, if there is a willing caregiver who is able to provide assistance with a manual wheelchair, a motorized scooter is not recommended. The patient has a caregiver who cares for the patient on a daily basis. There is no documentation that the patient would be unable to use a manual wheelchair as she already ambulating with a walker. Therefore, a motorized scooter is not medically necessary at this time.

Tailgate lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary Durable Medical Equipment (DME) and Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Reference/Citation: Anthem, Clinical UM Guideline, Subject: Durable Medical Equipment, Guideline#: CG-DME-10. Current (April 11, 2012)" and Medicare CMS patient lift references.

Decision rationale: MTUS and ODG guidelines do not address the use of a lift. However, according to the utilized guidelines, a tailgate lift is not medically necessary. The patient can have alternate means of transport with the aid of his caregiver. There is no indication that a tailgate lift will improve the patient's condition and because the motorized scooter will not be certified, a lift is not necessary. Therefore, the request is considered not medically necessary.

Bidet toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary Durable Medical Equipment (DME) and Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

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.

Decision rationale: The request is considered not medically necessary. The patient is requesting the purchase of a bidet toilet seat due to pain in her legs and back pain. There are no MTUS guidelines for this. According to ODG, "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." The purchase of a bidet toilet seat is not considered to serve a medical purpose, which is one of the terms that describes durable medical equipment. Therefore, the request is considered not medically necessary.