

<b>Case Number:</b>	CM15-0059343		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 72 year old female who sustained an industrial injury on 12/12/13. Initial complaints and diagnoses are not available. Treatments to date include medications and therapy. Diagnostic studies are not addressed. Current complaints include difficulty with activities of daily living. Current diagnoses include neurogenic bladder, neurogenic bowel, and pressure ulcer. In a progress note dated 02/25/15 the treating provider reports the plan of care as occupational therapy, home wheelchair cushion, and home modifications. The requested treatments include occupational therapy and home modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Occupational Therapy 3 x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Guidelines recommend occupational therapy as fading treatment frequency started with 9-10 visits over 8 weeks. In this case, the patient is independent at wheelchair level and occupational therapy goals are not detailed. The request for occupational therapy is not medically necessary and appropriate.

**Home Modifications: Carpeting removed and Wood Laminate put in, Toilet replaced to highest toilet, Shower replaced to floor shower and tub, Kitchen Stove moved lower, Cabinet under bathroom sink removed: 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, Durable Medical Equipment, <http://www.ncbi.nlm.nih.gov/pubmed/18382820> Impact of home modification services on ability in everyday life for people ageing with disabilities.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DME.

**Decision rationale:** Guidelines state that medical conditions that result in physical limitations may require patient education and modifications to the home environment which are not considered primarily medical in nature. In this case, the patient is able to transfer independently and ambulate a few steps with assistance. It is not documented while the toilet needs to be replaced. Over toilet commode can achieve this goal of elevating the toilet surface, but this is not medical in nature. The request for carpeting removed and wood laminate put in, toilet replaced to highest toilet, shower replaced to floor shower and tub, kitchen stove made lower, cabinet under bathroom sink removed is not medically necessary and appropriate.