

<b>Case Number:</b>	CM15-0065680		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/09/2005
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of November 9, 2005. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for a heavy duty shower bench, a lift chair for living room, a lift chair for the bedroom, and a cast shoe. The claims administrator referenced progress notes of March 5, 2015 and March 11, 2015 in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported 4-8/10 multifocal complaints of neck, arm, knee, ankle, foot, and shoulder pain. The applicant was receiving Social Security Disability Insurance (SSDI) and permanent partial disability benefits, the treating provider reported. The applicant apparently had various issues with anxiety, depression, and insomnia, it was acknowledged. The treating provider stated that the applicant's medications were keeping him out of the emergency department. The applicant was apparently on Cymbalta, Dilaudid, Duragesic, Fentora, Flexeril, Lyrica, and Prilosec, it was reported. Multiple medications were continued and/or renewed. Pain and tenderness of multiple body parts were appreciated. The applicant was using a cane to move about, it was acknowledged. MRI studies of the shoulder and neck were sought while the applicant was kept off of work. Multiple medications were renewed via RFA form of March 13, 2015. On April 6, 2015, the applicant again presented with multifocal pain complaints. The applicant's depression had worsened, it was acknowledged. A psychological referral was endorsed. The applicant was asked to follow up with a pain management physician to obtain his pain medications. Medication selection and medication efficacy were not detailed. In a March

11, 2015 progress note, the applicant's secondary treating provider seemingly sought authorization for the cast shoe, lift chair, and shower bench in question owing to the applicant's various pain complaints. The applicant's gait and/or ambulatory status were not clearly described and/or characterized on this occasion. The applicant was described as severely obese, with a BMI of 49.5, based on a height of 5 foot 10 inches, and a weight of 345 pounds, it was reported on March 5, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One heavy duty shower bench: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Durable medical equipment (DME).

**Decision rationale:** Yes, the proposed heavy duty sharp bench is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Knee and Leg Chapter Durable Medical Equipment Topic notes that certain DME toilet items such as the sharp bench at issue may be medically necessary when prescribed as part of the medical treatment plan for injury, infection, or conditions, which result in physical limitations. Here, the applicant was described as a severely obese individual with a BMI of 49.5 on March 5, 2015. The applicant was apparently struggling to ambulate to some extent and was apparently using a cane to move about. Provision of a shower chair, thus, in all likelihood, would have facilitated the applicant's bathing and/or transferring while in the shower. Provision of the same, thus, was indicated. Therefore, the request is medically necessary.

#### **One lift chair for the living room: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Conversely, the request for a lift chair for the living room is not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the lift chair are not recommended if there is "any mobility" with canes or other assistive devices. Here, the applicant was described as ambulating with the aid of a cane on March 5, 2015, seemingly obviating the need for the lift chair in question. Therefore, the request is not medically necessary.

#### **One lift chair for the bed room: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Similarly, the request for a lift chair for the bedroom is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the lift chair at issue are not recommended, if there is any mobility whatsoever with canes or other assistive devices. Here, the applicant was described as ambulating with the aid of a cane on March 5, 2015, seemingly obviating the need for the lift chair at issue. Therefore, the request is not medically necessary.

**One cast shoe:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Low Back Disorders, page 521-522.

**Decision rationale:** Finally, the request for a cast shoe is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The request in question appears to represent a form of shoe insole or specialized shoe. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that shoe insoles, shoe lifts, and the like are not recommended for applicants with chronic nonspecific low back pain other than in circumstances of leg-length discrepancy over 2 cm or in applicants who have prolonged walking requirements. Here, however, the applicant was not working. It did not appear that the applicant had prolonged walking requirements at home. The request was, furthermore, somewhat ambiguous and open to interpretations. Therefore, the request for One Cast Shoe is not medically necessary.