

Case Number:	CM13-0034250		
Date Assigned:	12/06/2013	Date of Injury:	10/13/2011
Decision Date:	01/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported an injury on 10/13/2011 due to a motor vehicle accident. The patient was conservatively treated with physical therapy, chiropractic care, epidural steroid injections, an injection for thoracic outlet syndrome, and trigger point injections. The patient's most recent clinical evaluation revealed that the patient was complaining of neck pain with radiation into the bilateral upper extremities. It was also documented that the patient was experiencing low back pain with bilateral radicular complaints. Physical findings included an abnormal gait, normal posture, restricted range of motion secondary to stiffness and pain, tenderness to palpation of the cervical spine, a positive cervical compression test, tenderness to palpation of the paravertebral lumbar musculature, a positive extensor hallucis longus test, and normal range of motion of the lumbar spine. It was also noted that the patient had decreased sensation to light touch and pinprick in the bilateral upper extremities, and in the left C5 and right C6 dermatomes. The patient had a positive straight leg raising test. The patient's diagnoses included cervical radiculopathy, lumbar radiculopathy, and degenerative disc disease. The clinical documentation stated that the patient's treatment plan included a cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of handrails for front steps: 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 Chapter, Durable Medical Equipment.

Decision rationale: The Physician Reviewer's decision rationale: Purchase of hand rails for the front step is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the patient has continued cervical and lumbar pain complaints and the patient is schedule to undergo surgical intervention. Official Disability Guidelines recommend durable medical equipment if it can withstand repeated use and can normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to the patient in the absence of injury or illness, and is appropriate for use in the patient's home. The clinical documentation submitted for review does not provide any evidence that the patient has functional deficits that would require this type of equipment. Additionally, the requested equipment is not generally rented and used by successive patients, and would be considered useful to the patient in the absence of injury or illness. Official Disability Guidelines state, "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." As this would be considered an environmental modification, it would not be considered medically related. As such, the requested purchase for hand rails for the front steps is not medically necessary or appropriate.

Purchase of handrail/bar for shower: 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 Chapter, Durable Medical Equipment

Decision rationale: The Physician Reviewer's decision rationale: The requested purchase of hand rails/bar for shower is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is going to undergo cervical fusion and has significant pain in the cervical and lumbar areas. Official Disability Guidelines do not recommend durable medical equipment unless it can used by successive patients, is not useful to the patient in the absence of injury or illness, is appropriate for home use, or is used to serve a medical purpose. The requested equipment is not the type of equipment that can withstand repeated use by successive patients, and would be useful to the patient in the absence of injury of illness. Official Disability Guidelines state "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 requested modifications are considered environmental and would not be considered

medical in nature. As such, the requested purchase for hand rail/bar for the shower is not medically necessary or appropriate.

Purchase of metal folding walker for house without wheels: 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 Chapter, Durable Medical Equipment

Decision rationale: The Physician Reviewer's decision rationale: The requested purchases of shower head and hose are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is scheduled for cervical spine fusion. Official Disability Guidelines do not recommend durable medical equipment in the absence of a medical need. The clinical documentation submitted for review does not provide any evidence that the patient has deficits that would prevent them from being able to participate in an activity of daily living related to being able to shower. Additionally, Official Disability Guidelines state "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 request is for an environmental modification, and would not be considered medical in nature. Additionally, this type of equipment would be useful to the patient in the absence of an injury or illness. Therefore, the requested purchases for shower head and hose are not medically necessary and appropriate.

Purchase of a medical tray for bed for the lumbar spine: 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 Chapter, Durable Medical Equipment.

Decision rationale: The Physician Reviewer's decision rationale: The purchase of a medical tray for the bed for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is going to undergo cervical spine fusion. Official Disability Guidelines recommend durable medical equipment that can withstand repetitive use from successive patients, is not useful to the patient in the absence of injury or illness, is generally used for a medical purpose, and is useful for the patient's home. The request indicates that this is for a lumbar spine injury. As the patient is scheduled for cervical spine surgery, it is unclear why the patient would need this type of equipment related to the lumbar spine injury. Additionally, as this type of equipment is considered environmental in nature, it would not be considered for a medical condition. As such, the requested purchase for medical tray for the bed for the lumbar spine is not medically necessary or appropriate.

Purchase for shower head and hose: 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 Chapter, Durable Medical Equipment.

Decision rationale: The Physician Reviewer's decision rationale: The requested purchases of shower head and hose are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is scheduled for cervical spine fusion. Official Disability Guidelines do not recommend durable medical equipment in the absence of a medical need. The clinical documentation submitted for review does not provide any evidence that the patient has deficits that would prevent them from being able to participate in an activity of daily living related to being able to shower. Additionally, Official Disability Guidelines state "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 request is for an environmental modification, and would not be considered medical in nature. Additionally, this type of equipment would be useful to the patient in the absence of an injury or illness. Therefore, the requested purchases for shower head and hose are not medically necessary and appropriate.