

Case Number:	CM14-0125453		
Date Assigned:	08/11/2014	Date of Injury:	06/16/2005
Decision Date:	12/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This is a 64-year-old female who has reported a variety of orthopedic, psychiatric, and internal medicine conditions attributed to injury dates which include 6/16/05 and other dates from 1993 to 2005. Diagnoses have included insomnia, depression, hypoactive sexual desire disorder, headache, disc disease, carpal tunnel syndrome, neuritis, chronic cervical pain, and chronic lumbar pain. Treatment has included psychiatric and analgesic medications. Per the Utilization Review report, on 4/2/14 Utilization Review certified a home health care evaluation. The results of the evaluation were not available for this review. Per the PR2 of 7/3/14, there was chronic cervical pain with radiation to the upper extremities, headaches, and lumbar pain and radiation into the lower extremities. There was widespread tenderness and pain with range of motion. L5 and S1 myotomal strength was 4/5. Gait, balance, and coordination were "intact". Range of motion was "limited with pain", with no further details described. A chair, cane, and pickup tool were prescribed, with explanation as to medical necessity. On 8/1/14 Utilization Review non-certified a shower chair and walking cane, noting the lack of specific objective and functional deficits. The MTUS and the Official Disability Guidelines were discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Chair: 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, bathtub seats, DME

Decision rationale: The MTUS does not address the indications for a shower chair. The Official Disability Guidelines states that bathtub chairs are convenience items. The treating physician did not provide any specific indications for this chair. It is possible that a given patient might need a shower chair for a specific medical condition which might limit standing in a shower. However, the treating physician has not provided any information showing specific functional or physiological deficits which might prevent this injured worker from standing in a shower. As noted above, the treating physician stated that the gait, balance, and coordination were intact. The shower chair is therefore not medically necessary.

Walking cane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 338,370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, DME, Walking aids

Decision rationale: The MTUS does not address the use of a cane in the context of chronic neck and back pain. Per the MTUS, ACOEM chapters, cited above, some acute injuries to the lower extremity may warrant partial weight bearing. The Official Disability Guidelines allow for "walking aids" in the context of specific lower extremity disorders such as osteoarthritis. The Official Disability Guidelines do not address walking aids in the context of neck or back pain. The treating physician did not provide any specific indications for this cane, and its indications for this injured worker are unclear. It is possible that a given patient with back pain might need a cane for a specific medical condition which might limit standing or walking. However, the treating physician has not provided any information showing specific functional or physiological deficits which might prevent this injured worker from standing or walking. As noted above, the treating physician stated that the gait, balance, and coordination were intact. The cane is therefore not medically necessary.