MAXIMUS Federal Services

Case Number:	CM14-0129681		
Date Assigned:	08/20/2014	Date of Injury:	05/01/2008
Decision Date:	09/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 05/01/2008. The date of the utilization review under appeal is 08/04/2014. The accepted body part is cervical spine. The primary treating physician progress report of 06/17/2014 notes the patient has a diagnosis of chronic neck pain status post cervical decompressive surgery in February 2009 and also cervical fusion at C5-6 and C6-7. The treating physician renewed the patient's medications an authorized followup with a spine surgeon and also noted that the patient was authorized for home care and was pleased with this and this had been beneficial. On 07/15/2014, the primary treating physician saw the patient in followup and specifically requested a shower chair and home evaluation. The patient reported the medications help her with her function at home and that without medication she is not even able to get out of bed. The treating physician indicated that the patient requested a shower chair since she stated that she does not have one and that she needs one. The treating physician noted the patient was not exactly sure what type of assistance she would need at home and thus the treating physician requested a home evaluation due to the patient's chronic pain and difficulty with mobility and activities of daily living. An initial physician review indicated there was no clear indication for home evaluation and that this was not supported by the treatment guidelines and that there was no clear indication for a shower chair.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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 Medical Treatment Utilization Schedule does not specifically discuss the need for a shower chair. Durable medical equipment is discussed in the Official Disability Guidelines/Treatment in Workers Compensation/Knee, noting that durable medical equipment is indicated if it serves a medical purpose and is generally not useful to a person in the absence of injury or illness. The need for a shower chair would require further medical assessment, which has been requested via a home evaluation. There is no sufficient information at this time in the medical record to indicate that the patient specifically has a need for a shower chair. This request is not medically necessary.

Home evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG cervical spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section under home health services, state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The treating physician notes that this patient has multifocal medical problems with difficulties with activities of daily living and may require assistance at home with activities of daily living. As the treating physician notes, it is not possible to know specifically what assistance the patient requires without an evaluation being completed. An initial physician review states that the specific need for home care has not been documented; this is essentially a circular argument because the need for home care cannot be established without at least an evaluation. This request is only for an evaluation, which is supported given the concerns regarding the patient's safety noted in the treating physician's notes. The request is medically necessary.