MAXIMUS Federal Services

Case Number:	CM14-0141543		
Date Assigned:	09/10/2014	Date of Injury:	10/04/1996
Decision Date:	12/19/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The patient is a 68-year-old male who has submitted a claim for spinal cord injury C6 tetraplegia, ASIA C, spasticity, neurogenic bowel and bladder, and neuropathic pain associated with an industrial injury date of 10/04/1996.Medical records from 2012 to 2014 were reviewed. The patient utilized a power wheelchair as his primary mode of mobility. He likewise had an attendant eight hours daily. He needed assistance for transfers, bathing, and dressing. The patient reported lumbar and shoulder pain. There were no pressure sores. Physical examination showed a moderate spasticity with Ashworth grade 1+ at left finger flexor, and grade 2 at right finger flexor. Motor strength from C8 to S1 myotomes was graded 1-3/5 bilaterally. Treatment to date has included baclofen pump and physical therapy.The utilization review from 8/5/2014 denied the request for hand remote model T3020 because of unclear request when the certified sleep number bed had a concomitant remote control; denied labor hour and home visit fee because of denial of hand remote model; and denied PG APM2 deluxe replacement mattress only because there was no clear support for a second specialized type of mattress when Jay J2 deep contour cushion with stretch cover was already approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand remote for model T3020: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG- (DME-10).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable Medical Equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthosis, cold/heat packs, etc. In this case, patient is a known C6 tetraplegic, ASIA C. He utilizes a power wheelchair as his primary mode of mobility. He likewise has an attendant eight hours daily. He needs assistance for transfers, bathing, and dressing. The patient reports lumbar and shoulder pain. There are no pressure sores. Physical examination shows a moderate spasticity with Ashworth grade 1+ at left finger flexor, and grade 2 at right finger flexor. Motor strength from C8 to S1 myotomes is graded 1-3/5 bilaterally. However, medical records submitted and reviewed failed to provide a rationale for the present request. It is unclear if the hand remote model is for his recently certified Jay J2 deep contour cushion. The medical necessity cannot be established due to insufficient information. Therefore, the request for hand remote model T3020 is not medically necessary.

Labor 1/4 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable Medical Equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthosis, cold/heat packs, etc. In this case, patient is a known C6 tetraplegic, ASIA C. He utilizes a power wheelchair as his primary mode of mobility. He likewise has an attendant eight hours daily. He needs assistance for transfers, bathing, and dressing. The patient

reports lumbar and shoulder pain. There are no pressure sores. Physical examination shows a moderate spasticity with Ashworth grade 1+ at left finger flexor, and grade 2 at right finger flexor. Motor strength from C8 to S1 myotomes is graded 1-3/5 bilaterally. However, simultaneous requests for hand remote model T3020 and PG APM2 deluxe replacement mattress are non-certified. There is no clear rationale for certification of labor hours at this time. Therefore, the request for labor hours is not medically necessary.

Home visit fee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthosis, cold/heat packs, etc. In this case, patient is a known C6 tetraplegic, ASIA C. He utilizes a power wheelchair as his primary mode of mobility. He likewise has an attendant eight hours daily. He needs assistance for transfers, bathing, and dressing. The patient reports lumbar and shoulder pain. There are no pressure sores. Physical examination shows a moderate spasticity with Ashworth grade 1+ at left finger flexor, and grade 2 at right finger flexor. Motor strength from C8 to S1 myotomes is graded 1-3/5 bilaterally. However, simultaneous requests for hand remote model T3020 and PG APM2 deluxe replacement mattress are non-certified. There is no clear rationale for certification of home visit fee at this time. Therefore, the request for home visit fee is not medically necessary.

PG APM2 deluxe replacement mattress only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers' Compensation- Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Mattress Selection.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers Compensation, the Official Disability Guidelines (ODG), Low Back Section was used instead. It states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference. A huge variety of mattress includes body-contour foam mattress, hard mattress, medium-firm mattress, etc. In this case, patient is a known C6 tetraplegic, ASIA C. He utilizes a power wheelchair as his primary mode of mobility. He likewise has an attendant eight hours daily. He needs assistance for transfers, bathing, and dressing. The patient reports lumbar and shoulder pain. There are no pressure sores. Physical examination shows a moderate spasticity with Ashworth grade 1+ at left finger flexor, and grade 2 at right finger flexor. Motor strength from C8 to S1 myotomes is graded 1-3/5 bilaterally. However, utilization review from 8/5/2014 has certified the request for Jay J2 deep contour cushion with stretch cover. There is no clear rationale for approval of another mattress at this time. Therefore, the request for PG APM2 deluxe replacement mattress only is not medically necessary.