

<b>Case Number:</b>	CM14-0146387		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 08/20/2010. The date of the utilization review under appeal is 08/25/2014. This patient is status post a repeat C4-C5 fusion of 07/07/2014. On 08/19/2014, the patient's treating physical rehabilitation physician saw the patient in followup regarding chronic pain. The patient reported axial neck pain and low back pain which was both axial and sometimes radicular in nature. The patient reported difficulty driving due to dizziness and therefore required transportation to and from appointments. The patient installed a grab bar for her shower. The patient reported that a TENS unit helped with her pain. The treating physician noted the patient had received a Rollator to help her ambulate with less risk for falls. The treating physician ordered a bed wedge to help the patient sleep, noting she has severe back pathology and extreme difficulty sleeping. The treating physician also ordered a cervical pillow, noting this will maintain proper spine alignment and decrease neck pain. On 09/17/2014, the patient's orthopedic surgeon reiterated the patient required a wedge pillow to help her sleep at night because she chokes and aspirates at night because of her cervical fusion. He opined that the wedge should put the patient into a more appropriate position to avoid aspiration episodes. An initial physician review concluded that an occupational therapy home evaluation was not indicated because it was not clear what activities the patient would require help with. That review also indicated that a bed wedge and knee wedge were not medically necessary because there was no detail provided as to why this equipment was requested or how it would be helpful functionally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT home evaluation for AD QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM occupational guidelines, page 127 and Official Disability Guidelines (ODG), Office visits

**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 on home health services, page 51, states that such treatment is recommended only for otherwise recommended medical treatment for patients who are homebound. A prior physician review stated that this evaluation was not necessary because it was unknown what function status the patient required help with. This is circular reasoning because the purpose of the evaluation is to determine the patient's functional deficits. The medical records document that this patient has a history of dizziness and falls or near falls and requires a gait aid for ambulation and is status post a recent cervical fusion. In such a situation, it would be clinically appropriate for a patient to undergo an occupational therapy evaluation in order to assess not only her functional abilities in her own home environment but also her risk of falling at home. This request is medically necessary.

**Bed wedge QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate ODG chapter referenced

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Knee, Durable Medical Equipment

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss an indication for this device. Official Disability Guidelines/Treatment in Workers' Compensation discusses durable medical equipment in the section on the knee, stating such equipment is recommended generally if there is a need and that the device or system meets Medicare's definition of durable medical equipment. The requested equipment is intended to help with positioning in bed, which is a common request of patient's status post cervical fusion, both to reduce the risk of aspiration and to determine a position of comfort given the change in anatomy after cervical fusion surgery. Therefore, this request is consistent with the treatment guidelines. This request is medically necessary.

**Knee wedge QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate ODG chapter referenced

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Knee, Durable Medical Equipment

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss an indication for this device. Official Disability Guidelines/Treatment in Workers' Compensation discusses durable medical equipment in the section on the knee, stating such equipment is recommended generally if there is a need and that the device or system meets Medicare's definition of durable medical equipment. The requested equipment is intended to help with positioning in bed, which is a common request of patient's status post cervical fusion, both to reduce the risk of aspiration and to determine a position of comfort given the change in anatomy after cervical fusion surgery. Therefore, this request is consistent with the treatment guidelines. This request is medically necessary.