MAXIMUS Federal Services

Case Number:	CM14-0162303		
Date Assigned:	10/07/2014	Date of Injury:	10/19/2001
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 injured worker is a 57-year-old male who report injury on 11/19/2001. The mechanism of injury was the injured worker was using an axe to break up soil. The injured worker's prior interventions included an L4 through S1 fusion on 06/22/2004. The injured worker had an x-ray of the lumbar spine and a CT scan. Additional prior therapies included an epidural steroid injection and a spinal cord stimulator trial. Medications included Effexor XR 75 mg, Wellbutrin XL 150 mg, Viagra 100 mg, Rozerem 8 mg, gabapentin 600 mg, Nexium 40 mg, Celebrex 200 mg, and oxycodone 30 mg. The documentation of 09/03/2014 revealed the injured worker had back pain radiating down both legs. The pain had increased since his last visit. The injured worker underwent urine drug screens. The physical examination revealed a global antalgic, slowed gait assisted by a cane. The injured worker had loss of normal lordosis, with straightening of the lumbar spine. The straight leg raise was positive bilaterally in sitting at 60 degrees. The injured worker had tenderness over the sacroiliac spine when in supine position. Light touch was noted to be within normal limits. The motor strength was noted to be 4/5 at the EHLs and ankle dorsiflexors bilaterally. The diagnoses included postlumbar laminectomy syndrome, spinal/lumbar DDD, chronic back pain, and lumbar disc displacement. The request was made for a shower chair due to an inability to stand in the shower. It was documented the initial request was denied in 06/2014. There was no Request for Authorization submitted for the requested treatment.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Durable Medical Equipment (DME)

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

Decision rationale: The Official Disability Guidelines indicate durable medical equipment is recommended if there is a medical need, and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose, and are primarily used for convenience in the home. The term durable medical equipment includes equipment which can withstand repeated use, that could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review indicated the injured worker had difficulty standing. However, there was a lack of documentation of objective findings upon physical examination that supported an inability to stand. Additionally, the request as submitted failed to indicate whether the request was for purchase or rental. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a Shower Chair is not medically necessary.