MAXIMUS Federal Services

| Case Number: | CM14-0096749 | | |
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| Date Assigned: | 07/28/2014 | Date of Injury: | 05/17/2008 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

## 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 Nevada. 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 records presented for review indicate that this 31-year-old gentleman was reportedly injured on May 17 2008. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of headaches and neck pain radiating to the right upper extremity. There were also complaints of low back pain radiating to the right lower extremity, left knee pain, and right ankle pain. The physical examination demonstrated tenderness of the right upper extremity along with swelling, edema, and discoloration. No range of motion or muscle strength was noted in the right upper extremity. There was decreased lumbar spine range of motion and ambulation with the assistance of a cane. The injured employees right arm brace was stated to be damaged and his compression stockings were stated to be wearing out. Recent diagnostic imaging studies were not available for review. Previous treatment includes a right ankle fusion as well as surgery of the right fibula and the lumbar spine. The injured employee also received a right cervical sympathetic block. A request had been made for a sock assist loop handle, a shower chair/bench, a raised toilet seat, a manual wheelchair, and a Continuous Positive Airway Pressure (CPAP) machine and was denied in the pre-authorization process on June 9, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sock assist loop handle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Durable Medical Equipment

**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, Durable Medical Equipment, Updated October 7, 2014.

**Decision rationale:** A review of the medical record does not include documentation as to why the injured employee needs assistance dressing, showering, or using the toilet. It is unclear how these activities have been accomplished up till now. Without further justification, this request for a sock assist loop handle is not medically necessary.

**Shower chair or bench:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Durable Medical Equipment

**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, Durable Medical Equipment, Updated October 7, 2014.

**Decision rationale:** A review of the medical record does not include documentation as to why the injured employee needs assistance dressing, showering, or using the toilet. It is unclear how these activities have been accomplished up till now. Without further justification, this request for a shower chair/bench is not medically necessary.

**Raised toilet seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Durable Medical Equipment

**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, Durable Medical Equipment, Updated October 7, 2014.

**Decision rationale:** A review of the medical record does not include documentation as to why the injured employee needs assistance dressing, showering, or using the toilet. It is unclear how these activities have been accomplished up till now. Without further justification, this request for a raised toilet seat handle is not medically necessary.

**Manual wheel chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Wheelchair

**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, Wheelchair, Updated October 7, 2014.

**Decision rationale:** The most recent progress note dated July 7, 2014, states that the injured employee was able to ambulate with the assistance of a cane. Considering this, it is unclear why there is request for a manual wheelchair. Without further clarification or justification, this request for a manual wheelchair is not medically necessary.

**CPAP(continuous positive airway pressure) machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Sleep aids

**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, Durable Medical Equipment, Updated October 7, 2014.

**Decision rationale:** A review of the injured employee's medical record does not include an official evaluation and report stating that the injured employee has been diagnosed with sleep apnea and requires the usage of a CPAP machine. Without this documentation, this request for a CPAP machine is not medically necessary.