

Case Number:	CM14-0097977		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2004
Decision Date:	10/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family 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 injured worker is a 40 year old male whose date of injury is 12/20/2004. Home assessment dated 05/27/13 indicates that the injured worker has several fans pointed on him. The injured worker's bathroom has a wide entry. The toilet was low and had a toilet seat raiser in it. The tub had a shower curtain and a handheld shower head. There is a closet near the bathroom that has no door on it where his back up supplies is stored. Re-evaluation dated 05/05/14 indicates that the injured worker continues to have constant low back pain with radiation down the bilateral lower extremities. The injured worker has multiple medical illnesses including diabetes, end stage kidney disease, hypoxemia that requires oxygen and Charcot foot bilaterally. The injured worker has been non-ambulatory for the past five years and uses a power wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Bariatric Bed w/Alternating Pressure Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, Pressure Ulcer Treatment Recommendations. In: Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Washington (DC): National Pressure Ulcer Advisory Panel; 2009. p. 51-120

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 Chapter, Mattress selection

Decision rationale: Based on the clinical information provided, the request for [REDACTED] bariatric bed with alternating pressure mattress is not recommended as medically necessary. The Official Disability Guidelines note 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 and individual factors. There is no documentation of pressure ulcers that require a specialized bed frame or mattress.

Replacement Power Wheelchair: 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 and Chronic)

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 Chapter, Power mobility device

Decision rationale: Based on the clinical information provided, the request for replacement power wheelchair is not recommended as medically necessary. The submitted records indicate that the injured worker currently has a power wheelchair, and there is no clear rationale provided to support a replacement chair at this time. There is no current assessment submitted for review. Therefore, medical necessity of the requested wheelchair is not established in accordance with the Official Disability Guidelines.

Air Conditioner for Room: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable medical equipment (DME)

Decision rationale: Based on the clinical information provided, the request for air conditioner for room is not recommended as medically necessary. The requested unit is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. The requested air conditioner unit is an item of convenience.

Tall Boy Type Toilet Installed: 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 and 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 and Leg Chapter, Durable medical equipment (DME)

Decision rationale: Based on the clinical information provided, the request for tall boy type toilet installed is not recommended as medically necessary. The requested toilet is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8 C. C. R. 9792.6 defines authorization as an assurance of reimbursement, this item must be non-certified.

Grab Bars Installed in Bathroom: 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 and 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 and Leg Chapter, Durable medical equipment (DME)

Decision rationale: Based on the clinical information provided, the request for grab bars installed in bathroom is not recommended as medically necessary. The requested bars are not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8 C. C. R. 9792.6 defines authorization as an assurance of reimbursement, this item is not medically necessary.

Wheelchair Accessible Van: 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 and 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 and Leg Chapter, Durable medical equipment (DME)

Decision rationale: Based on the clinical information provided, the request for wheelchair accessible van is not recommended as medically necessary. The requested van is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8

C.C.R. 9792.6 defines authorization as an assurance of reimbursement, this item is not medically necessary

Orthotist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Based on the clinical information provided, the request for orthotist consultation is not recommended as medically necessary. The submitted records indicate that the injured worker currently utilizes orthotic boots, and there is no current assessment of these boots documenting that they are inadequate for use. There is no clear rationale provided to support the request at this time. Therefore, medical necessity is not established in accordance with American College of Occupational and Environmental Medicine guidelines.

24 Hour Home Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for 24 hour home care is not recommended as medically necessary. The submitted records indicate that the injured worker's wife provides his care and performs dialysis, manages vital signs, helps him use the toilet, assists with transfers, drives him to appointments, and clears his tracheotomy tube. There is no current detailed assessment submitted for review to provide a clear rationale for the requested home care. Therefore, medical necessity is not established in accordance with California Medical Treatment Utilization Schedule guidelines.

Monthly Field Case Manager Home Visit for 4-6 Hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services, Labor Code 4600(a)

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 Chapter, office visits

Decision rationale: Based on the clinical information provided, the request for monthly field case manager home visit for 4-6 hours is not recommended as medically necessary. The request is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8 C.C.R. 9792.6 defines authorization as an assurance of reimbursement, this item is not medically necessary.

Reg o2 Delivery and Maintenance of Humidifier and o2 Delivery System: 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 and Chronic), Durable Medical Equipment (DME), Labor Code 4600(a)

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 Chapter, DME

Decision rationale: Based on the clinical information provided, the request for reg o2 delivery and maintenance of humidifier and o2 delivery system is not recommended as medically necessary. The request is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8 C.C.R. 9792.6 defines authorization as an assurance of reimbursement, this item must is not medically necessary.

Larger Space or Better Storage System: 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 and Chronic), Labor Code 4600(a)

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 Chapter, DME

Decision rationale: Based on the clinical information provided, the request for larger space or better storage system is not recommended as medically necessary. The request is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Because this item is not within the scope of utilization review, and because 8 C.C.R. 9792.6 defines authorization as an assurance of reimbursement, this item is not medically necessary.

8 Sessions of at Home Physical Therapy Twice Yearly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for 8 sessions of at home physical therapy twice yearly is not recommended as medically necessary. There is no end of treatment provided. There is no indication that the injured worker is physically capable of participating in a physical therapy program. The injured worker is noted to present with end stage renal failure and is on dialysis 6 days per week. There are no specific, time-limited treatment goals provided. Therefore, medical necessity is not established in accordance with California Medical Treatment Utilization Schedule guidelines.