

Case Number:	CM14-0098337		
Date Assigned:	07/28/2014	Date of Injury:	10/18/2002
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
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 Preventive 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:

According to the records made available for review, this is a 48-year-old female with a 10/18/02 date of injury and status post lumbar decompression and fusion on 11/28/11. At the time (5/29/14) of the Decision for rails for bathroom, toilet and shower rails, there is documentation of subjective (low back pain radiating to the legs with numbness and tingling, and recent history of loss of balance and falling resulting in hip pain) and objective (use of cane, antalgic gait, and decreased sensation of the bilateral lower extremities) findings, current diagnoses (lumbago), and treatment to date (lumbar surgery, physical therapy, and medications). In addition, medical report identifies a request for bathroom rails to prevent falls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rails for bathroom, toilet and shower rails: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, 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 & Leg, Shower grab bars.

Decision rationale: MTUS does not address this issue. ODG identifies that grab bars are considered a self-help device, not primarily medical in nature. Therefore, based on guidelines and a review of the evidence, the request for Rails for bathroom, toilet and shower rails is not medically necessary.