Case Number:	CM14-0045024		
Date Assigned:	08/29/2014	Date of Injury:	05/09/2002
Decision Date:	07/14/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male who reported an industrial injury on 5/9/2002. His diagnoses, and/or impressions, are noted to include: cervical pain with stenosis, status-post cervical fusion (7/2003) with removal of hardware surgery on 3/11/2014. The history notes a partial laminectomy in 1991. Recent computed tomography studies of the cervical spine are noted on 3/12/2015, status-post this Utilization Review. His treatments have included an agreed medical examination on 9/23/2009; surgeries; physical therapy; medication management; and rest from work. The progress notes of 3/24/2014 noted a post-operative follow-up with complaints of constant, unchanged and severe neck, right arm and leg, and back. Objectively he is reported to have a normal gait postoperative. No fixed neurological deficits were found in the upper or lower extremities. A myelopathic diagnosis is not included in the list of diagnosis. There is evidence of delayed union of a single segment. Physician's requests for treatments were noted to include a shower chair, non-slip shower mat, and a wheel chair.

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 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, DME.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in a comprehensive manner in the knee section. The Guidelines point out that there has to be a demonstrated medical necessity for the requested equipment. This standard has not been met. The documented normal gait and neurological functioning is not consistent with this request. There are no unusual circumstances to justify an exception to Guidelines. The Shower Chair is not medically necessary.

Non- slip Shower Mat: Overturned

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, DME, Walking aids.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines most directly address this issue in the knee section. The Guidelines do support use of aids when there is an increased risk due to falling. This individual is documented to have a normal gait and neurological function however; he is noted to have delayed fusion in the cervical spine subsequent to a multilevel fusion and instrumentation. This individual does not appear to have increased risk of a fall due to surgery, but the risk of devastating problems from a fall is greater due to the neck injury/surgery. The request for the non-slip shower mat is medically necessary and appropriate.

Wheelchair status post cervical spine fusion C3-C7: 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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, DME, Wheel Chair.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in a comprehensive manner in the knee section. The Guidelines point out that there has to be a demonstrated medical necessity for the requested equipment. This standard has not been met. The documented normal gait and neurological functioning is not consistent with this request. There are no unusual circumstances to justify an exception to Guidelines. The Wheel Chair is not medically necessary.