

Case Number:	CM15-0009608		
Date Assigned:	01/27/2015	Date of Injury:	02/29/2008
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 02/29/2008. The mechanism of injury was lifting. Her diagnoses include lumbar degenerative disc disease, status post lumbar discectomy and fusion, chronic pain syndrome, bilateral sciatica, right Achilles tendon shortening, pain related to depression and anxiety, and post-traumatic stress disorder. Her past treatment was noted to include participation in a detox chronic pain management program, physical therapy, psychotherapy, biofeedback, cognitive behavioral therapy, use of a TENS unit, and medications. At her followup visit on 12/24/2014, her symptoms were noted to include low back pain with radicular symptoms to the bilateral lower extremities, as well as pain in the upper back, neck, shoulders, and headaches. Physical examination revealed positive impingement and decreased range of motion of the bilateral shoulders; decreased range of motion of the cervical spine; a healed midline incision extending from the mid thoracic spine to the lumbar spine; tenderness to palpation throughout the lumbar spine and normal neurological findings; and decreased sensation at the bilateral thighs. Recommendation was made for athletic walking shoes with elastic closures, shower grab bars and hand rails, a gym membership, and 6 additional followup sessions with her psychologist. The durable medical equipment was recommended as it had been recommended following a home safety evaluation. The gym membership was recommended to facilitate her exercise program and a specific rationale for the followup with a psychologist was not provided. A walk in shower was also recommended with an unspecified rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Athletic Walking Shoes with Elastic Closures: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

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, Shoes & Durable medical equipment (DME).

Decision rationale: According to the Official Disability Guidelines, special footwear may be recommended as an option for knee osteoarthritis. The guidelines also specify that durable medical equipment is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness/injury; and is appropriate for use in the patient's home. The clinical information submitted for review failed to provide a specific rationale for the requested athletic walking shoes with elastic enclosures. The patient was not shown to have significant knee osteoarthritis and as athletic walking shoes do not serve a primarily medical purpose, they are not defined as durable medical equipment according to the guidelines. As such, the request is not medically necessary.

Walk in Shower with Shower Grab Bars: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

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, Durable medical equipment (DME).

Decision rationale: According to the Official Disability Guidelines, durable medical equipment is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness/injury; and is appropriate for use in the patient's home. The clinical information submitted for review indicated that the injured worker had undergone a home safety evaluation and was recommended for various pieces of equipment. As a walk in shower with shower grab bars does not serve a primarily medical purpose, it is not defined as durable medical equipment according to the guidelines. As such, the request is not medically necessary.

Hand Rails to Outside Steps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

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

Decision rationale: According to the Official Disability Guidelines, durable medical equipment is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness/injury; and is appropriate for use in the patient's home. The clinical information submitted for review indicated that the injured worker had undergone a home safety evaluation and was recommended for various pieces of equipment. Handrails to outside steps do not serve a primarily medical purpose; therefore, they are not defined as durable medical equipment according to the guidelines. As such, the request is not medically necessary.

Gym Membership: 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), Low Back

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, Gym memberships.

Decision rationale: According to the Official Disability Guidelines, gym membership are not recommended unless a home exercise program has not been effective and there is a specific need for equipment. Additionally, the treatment needs to be monitored and administered by a medical professional. The clinical information submitted for review indicated that the injured worker had been recommended for a gym membership to facilitate her home exercise program. However, detailed documentation indicating that a standard home exercise program had not been effecting and showing that the injured worker has a specific need for equipment was not provided. Additionally, the documentation did not show that the injured worker's exercise at the gym would be monitored and administered by a medical professional. Therefore, the request is not medically necessary.

Psychological Follow-Up QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office visits.

Decision rationale: The clinical information provided for review indicated that the injured worker was being treated with psychological treatment and cognitive behavioral therapy for post-traumatic stress disorder. The 12/24/2014 office note indicated that it was recommended she continue her cognitive behavioral therapy. However, a rationale for a psychological followup was not provided. As the injured worker was noted to have already been established with a psychologist and to be receiving regular treatment, further clarification is needed regarding the requested psychological followup. In the absence of this, the request is not medically necessary.