

<b>Case Number:</b>	CM15-0015977		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/19/2002
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 53-year-old male patient, who sustained an industrial injury on 07/19/2002. A primary treating office visit dated 12/09/2014 reported having significant pain that is only relieved with Norco medication. The medication allows him to function. He stated having significant whole body pain for which a pending neurology visit awaits. The patient is also following up with internist for complaints of nausea, diarrhea, vomiting and blood in his stools. The plan of care involved refilling medication, and ordering a manual wheelchair and walker to assist patient at home. In addition, he will need a portable urinal secondary to being in a wheelchair. Physical examination found the patient in a wheelchair, noted with difficulty getting out of wheelchair. The patient appeared agitated, secondary to pain and not cooperative with examination. He is diagnosed with electrocution and nonfatal effects of electric current and psychiatric mental status determination. He is to follow up in 12 weeks. On 12/31/2014 Utilization Review non-certified the request, noting the National Coverage Determination for Durable Medical Equipment CMS.GOV website was cited. On 01/27/2015, the injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Portable Urinal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Durable Medical Equipment Reference List

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & chapter under DME

**Decision rationale:** The patient presents with pain from his head to toes. The request is for PORTABLE URINAL. The ACOEM, MTUS and ODG guidelines do not discuss portable urinal. ODG guidelines, Knee & chapter under DME, states that "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items, commodes, bed pans, etc. are medically necessary if the patient is bed- or room- confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." In this case, the 12/09/14 progress report states that "the patient is in a wheelchair. He has difficulty getting out of the wheelchair," and that a portable urinal is needed to go along with wheelchair. However, other than for pain, there does not appear to be an organic basis for the patient's need for wheel chair or difficulties with transfers. ODG recommends patient education and home exercises to maintain function. There does not appear to be a medical need for a portable urinal. There are no documentations showing that this patient is bed- or room-confined. The request IS NOT medically necessary.

**Omeprazole capsule 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain from his head to toes. The request is for OMEPRAZOLE CAPSULE 20MG #30. The review of the reports does not indicate how long the patient has been utilizing this medication. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID --e.g., NSAID + low-dose ASA--. In this case, the treater does not provide appropriate GI assessment, such as to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or

gastritis to warrant the use of PPI. None of the reports indicate the patient has been on NSAIDs either. The request IS NOT medically necessary.

**Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Workers' Compensation, Treatment Indes, 11th Edition (web), 2013, Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official disability guidelines knee chapter, walking aids

**Decision rationale:** The patient presents with pain from his head to toes. The request is for WALKER. Walker is discussed in the context of power mobility devices on page 99 MTUS and state, "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care."ODG Guideline provides a discussion regarding walking aids under its knee chapter. ODG states, "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices." In this case, the 12/09/14 progress report states that "the patient is in a wheelchair. He has difficulty getting out of the wheelchair." The treater requested a walker "for the patient to help him mobilized at home." The patient shows impaired ambulation and has potential to walk with this device. Therefore, this request IS medically necessary.