

Case Number:	CM15-0017393		
Date Assigned:	02/05/2015	Date of Injury:	10/21/1998
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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 71 year old male, who sustained an industrial injury on 10/21/1998. He reports left hip pain. Diagnoses include status post left total hip replacement, left knee degeneration and osteoporosis. Treatments to date include physical therapy, home health aide, steroid injections and medication management. A progress note from the treating provider dated 1/6/2015 indicates the injured worker reported left hip and knee pain and back pain. On 1/13/2015, Utilization Review non-certified the request for a grabber, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grabber x 1 purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, Grabbers Knee Chapter, under Durable Medical Equipment

Decision rationale: The patient presents with severe chronic left hip pain, thoracolumbar pain, and shoulder pain rated 8/10. The patient's date of injury is 10/21/98. The patient is status post total left hip replacement at a date unspecified. The request is for GRABBER X1 PURCHASE. Most recent progress note dated 01/27/15 does not provide pertinent examination findings, only describes patient's current status: "Pt presents on a gurney in supine position and propped up with pillows. He does not ambulate much without his walker. Pt c/o ongoing baseline back pain into the left and right leg, hip, thigh pain. There is no other new neurological deficit. There is no new changes noted." [sic] Diagnostic imaging was not provided, though progress note dated 01/27/15 discusses previous undated MRI showing: "multiple thoracic and lumbar comp fractures. T4 and T5 comp fx. lumbar comp fx, deg disc at L5/S1 bone on bone" [sic]. The patient is currently prescribed Actiq, Ambien, Baclofen, Celebrex, Colace, Lactulose, Librel, Lyrica, Marinol, Oxycodone, and Oxycontin. Patient is currently retired. While MTUS guidelines and ODG low back chapter do not discuss Grabbers, which are used to obtain distant objects by those who are physically impaired, ODG Knee Chapter, under Durable Medical Equipment has the following: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment below. 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, sit 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. The term DME is defined as equipment which: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; 4. Is appropriate for use in a patient's home." In regards to the request for 1 grabber, presumably to assist this patient in obtaining objects around the house during the performance of everyday tasks, the requested DME appears reasonable. This patient presents with significant spinal pathology and according to 01/27/15 the patient is almost entirely stationary, unable to ambulate without a walker, and unable to rise for the examination. Owing to this, the issuance of a device to assist the patient in obtaining distant objects without having to bend over or ambulate is an appropriate medical intervention. The request IS medically necessary.