

<b>Case Number:</b>	CM15-0121977		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/08/2010
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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 59-year-old female, who sustained an industrial injury on August 8, 2010. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included home exercise program, breathing and relaxation techniques, ice-heat therapy, medication, assistive device (cane), toxicology screen, acupuncture and TENS unit. Currently, the injured worker complains of right shoulder, mid spine; lower back, bilateral hand and right leg pain. The pain is described as shooting, pins and needles and is rated at 6-7 on 10. She also reports headache, numbness and loss of balance and coordination, dry mouth, joint pain and stiffness, decreased muscle strength and depression. The injured worker has an altered gait and uses a cane for assistance. She reports sleep disturbance, averaging approximately three hours per night. The injured worker is diagnosed with lumbar radiculopathy, post laminectomy syndrome, lumbago and chronic pain syndrome. The injured worker is not currently working. A note dated November 19, 2014 states relief from the TENS unit. A note dated March 30, 2015 states the injured worker is compliant with her medication regimen and reports efficacy, rated at 4 on 10, which allows her to engage in activities of daily living. Documentation regarding efficacy experienced from home exercise program, breathing and relaxation techniques, ice-heat therapy and acupuncture was not included. The following, shipping charge, four boxes of PF vinyl medium gloves, prevail washcloths 96 count #8 and depend silhouette for women small-medium #44 are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shipping charge:** 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 & Leg Chapter/Durable Medical Equipment (DME) Section.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of PF vinyl medium gloves. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) 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, bedpans, 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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 this case, PF vinyl medium gloves do not meet the definition of durable medical equipment. Additionally, there is no rationale for the request for PF vinyl medium gloves in the available documentation. As the request for four boxes of PF vinyl medium gloves, 100/25-9 is not supported; there is no requirement for shipping charges to be reimbursed. The request for shipping charge is determined to not be medically necessary.

**Four boxes of PF vinyl medium gloves, 100/25-9:** 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 & 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 Chapter/Durable Medical Equipment (DME) Section.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of PF vinyl medium gloves. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) 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, bedpans, 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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 this case, PF vinyl medium gloves do not meet the definition of durable medical equipment. Additionally, there is no rationale for the request for PF vinyl medium gloves in the available documentation. The request for four boxes of PF vinyl medium gloves, 100/25-9 is determined to not be medically necessary.

**Prevail washcloths, 96 count in a tub, quantity 8: 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 & 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 Chapter/Durable Medical Equipment (DME) Section.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of Prevail washcloths. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) 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, bedpans, 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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 this case, Prevail washcloths do not meet the definition of durable medical equipment. Additionally, there is no rationale for the request for Prevail washcloths in the available documentation. The request for Prevail washcloths, 96 count in a tub, quantity 8 is determined to not be medically necessary.

**Depend silhouette for women small-medium, quantity 144: 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 & 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 Chapter/Durable Medical Equipment (DME) Section.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of Depends for women. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) 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, bedpans, 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. 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 this case, Depends undergarments do not meet the definition of durable medical equipment. Additionally, there is no rationale for the request for Depends in the available documentation. The request for Depend silhouette for women small-medium, quantity 144 is determined to not be medically necessary.