

Case Number:	CM15-0125735		
Date Assigned:	07/10/2015	Date of Injury:	10/22/2010
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 64 year old, female who sustained a work related injury on 10/22/10. The diagnoses have included knee strain/sprain, internal derangement medial meniscus of knee and chondromalacia of patella. Treatments have included medications, physical therapy, right knee injections and a right knee arthroscopy. In the PR-2 dated 5/27/15, the injured worker complains that her right knee is worse. She complains of moderate right knee pain. Her right knee is tender to touch. She has moderate pain with right knee range of motion. Range of motion is decreased. She has a moderate deformity of right knee. She has decreased strength with right knee. She is not working. The treatment plan includes requests for durable medical equipment, for a home health aide and for medications to be utilized after knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DME: Shower bar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com.

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

Decision rationale: Durable medical equipment (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; and (4) Is appropriate for use in a patient's home. 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, a shower bar has been requested. Grab bars are considered a self-help device, not primarily medical in nature. Therefore, medical necessity of the requested item has not been established. The requested item is not medically necessary.

Post-operative DME: Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines.

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

Decision rationale: According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. 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. Bathtub/shower chairs/seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. A shower chair is indicated if there is documentation that a patient cannot safely stand in a shower. There is no documentation that the patient cannot safely stand in the shower. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Post-operative Home health aide: 8 hours per day for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services.

Decision rationale: Home health services are recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. Guidelines support 24 visits over 10 weeks of in-home physical therapy for postoperative management of a total knee arthroplasty. Home health services are generally up to no more than 35 hours per week. In this case, the provider requested 8 hours per day for 1 month, which exceeds the guidelines. Medical necessity of the requested 8 hours per day x 1 month of home health care services has not been established. The requested services are not medically necessary.