MAXIMUS Federal Services

Case Number:	CM15-0144089		
Date Assigned:	08/07/2015	Date of Injury:	11/26/1996
Decision Date:	12/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 53 year old male who sustained an industrial injury November 26, 1996. Diagnoses are post-laminectomy syndrome lumbar region; lumbar spinal cord injury without spinal bone injury; injury, spinal cord, without radiological abnormality; status post spinal fusion, scoliosis; unspecified myalgia and myositis lumbar spondylosis with myelopathy; spinal stenosis lumbar region without neurogenic claudication. According to an office visit dated May 19, 2015, and signed by the physician June 19, 2015, the injured worker presented to the pain clinic for follow-up with complaints of low back pain rated 6 out of 10. He is trying physical therapy at home and is still ambulating with Canadian crutches. He has been maintained with medication management, in lieu of his insurance approving a neurological evaluation, additional physical therapy, a trial of a spinal cord stimulator, intrathecal pump or in-patient drug detox. Physical examination revealed; 6'1" and 198 pounds; upper and lower body strength is normal and lower body continues to be weak and shaky with continued urinary incontinence and erectile dysfunction; Continued sensory intact in upper body, with numbness across dermatomal boundaries in both lower extremities as well as paresthesis and spasm in both legs and feet. Current medication included Aciphex, Fentanyl patch, Actiq, Pepcid, Celebrex, and Qvar. The physician documented the injured worker has been in his care for almost ten years. At issue, are the 11 requests for authorization dated June 12, 2015, as outlined below in the utilization review summary. According to utilization review dated June 26, 2015, the requests for home modifications: ADA (Americans with Disabilities Act) access to front entrance of residence includes modular ramp, installation labor and concrete work; back door access to be ADA

accessible includes modular ramps with handrails for safety are non-certified. The requests for master bedroom modification for safe exit in and emergency to patio, widen hallway, install NE closets are non-certified. The requests for bathroom #1 ADA bathroom remodel roll in shower, includes water; bathroom #2 water jet therapy tub and remodel kitchen, ADA cabinets, drawers, countertops and appliances are non-certified. The requests for a ling size sleep number adjustable bed purchase and an ADA van for purchase to include wheelchair access with secure tie downs, family seating front and back, modified hand controls and a captains seat for driver that will swivel and lock securely are non-certified. The requests for home assistance 12 hours a day x 7 days a week for yearly to included assistance with ADL's(activities of daily living), medication, dressing, bathing, assist to bathroom, housekeeping, cooking and shopping are non-certified. The request for a lift recliner is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

King size sleep number adjustable bed purchase: 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) Low Back: Mattress selection.

Decision rationale: CaMTUS is silent with respect to mattress selection. According to the ODG reference, when selecting mattresses is it "not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on prominating body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non- specific low-back pain. (Kovacs, 2003) There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors." The criteria do not support any specific type of mattress for individuals with low back pain. There is no evidence in the records the IW has previously trialed a sleep number adjustable mattress. Without knowledge this mattress is appropriate, the request for a purchase is determined not medically necessary.

Home modifications: ADA access to front entrance of residence includes modular ramp, installation labor, landscaping and concrete work: 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 Pain: durable medical equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request for ADA access to front of the residence including a modular ramp, installation labor, landscaping, and concrete is determined not medically necessary.

Back door access to be ADA accessible includes modular ramps with handrails for safety: 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 Chapter: durable medical equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private

transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request for back door access to be ADA accessible including modular ramps with handrails for safety is determined not medically necessary.

Master bedroom modification for safe exit in and emergency to patio: 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 chapter: durable medical equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request for Master bedroom modification for safe exit in and emergency to the patio is not medically necessary.

Widen hallway, Install NE closets: 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 Chapter: Durable Medical Equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request construction to widen hallways and install NE closets is determined not medically necessary.

Bathroom #1 ADA bathroom remodel and roll in shower includes water: 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 chapter: durable medical equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request construction to remodel bathroom #1 to ADA accessible with roll in shower including water modification is determined not medically necessary.

Bathroom #2 water jet therapy tub and remodel: 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 Chapter: Durable Medical Equipment; Whirlpool Bath Equipment.

Decision rationale: CaMTUS is silent with respect to this topic. The above referenced guidelines states, whirlpool bath equipment is "Recommended if the patient is homebound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, recommendation is restricted to the cost of providing the services elsewhere, eg, an outpatient department of a hospital or a physical therapy clinic, if that alternative is less costly." The IW is not considered homebound. As part of this submitted request, the IW has requested an accessible van such that he may drive himself to medical appointments. There is no documentation to support that IW has previously utilized whirlpool baths as a pain management tool or as part of a therapy program. Without the support of the guidelines and the lack of supporting documentation, the request for a Bathroom #2 water jet therapy tub and remodeling is determined not medically necessary.

Remodel kitchen ADA cabinets, drawers and countertops and appliances: 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 chapter: Durable Medical Equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the significant modifications to the home. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request for construction to remodel the kitchen to include ADA cabinets, drawers and counter tops as well as appliances is determined not medically necessary.

Lift recliner: 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 Chapter: durable medical equipment.

Decision rationale: Ca MTUS is silent regarding this topic. According to the above referenced guidelines, 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). 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." The documentation does not discuss the medical need for the requested lift chair. There is no documentation that the living environment is new to the IW or that it has created a medical hardship to the IW. The IW is documented a mobile with a Canadian Cane. The IW is documented as able to be home unassisted while his wife works, arrange and utilize private transportation to medical appointments while his wife works, and no significant changes to subjective or objective findings at the recent medical appointment. There is no documentation of new injury, falls, or limitations in activity in the home environment. Without the support of the documentation and adherence to the guidelines, the request for a lift recliner chair is determined not medically necessary.

ADA van for purchase to include wheelchair access with secure tie downs, family seating front and back. Modified hand controls and a captains seat for driver that will swivel and lock securely: 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 http://www.dhcs.ca.gov/services/medi- cal/Pages/ManualofCriteria_ada.aspx.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines: "Non-emergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. This type of medical transportation is subject to prior authorization. Each authorization request for such transportation must be accompanied by either a prescription or order signed by a physician, dentist, or podiatrist, which describes the medical reasons necessitating the use of nonemergency medical transportation." The current request is for and ADA van for purchase to include wheelchair access with secure tie towns, family seating front and back. Also to include modified hand controls and a captains seat for driver that will swivel and lock securely. According to the included records, this request is so that the IW can drive

himself to medical appointments without arranging private transport or his wife taking time off work. The documentation supports the IW is ambulatory with a Canadian crutch. There is no notation the IW routinely uses a wheelchair. It is unclear why the IW needs van instead of a modified sedan. As the request is for the IW to attend medical appointments, it is unclear why front and back family seating is required. Without the support of the documentation or the guidelines, the request for an ADA van is determined not medically necessary.

Home assistance 12 hours a day x7 days a week for yearly to include assistance w/ADLs, assist with medications, dressing, bathing, assist to bathroom, housekeeping, cooking and shopping: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: CA MTUS recommends home health services for medical treatment and only to patients who are home-bound and only on a part-time bases. Recommendations generally limit assistance to 35 hours per week. The documentation does not support the IW is home-bound. Documentation supports the IW participates in home physical therapy program, attends provider appointments and is requesting a van for him to drive. The records suggest the IW lives with family. Without the support of the guidelines, the request for home assistance 12 hours a day x 7 days a week is determined not medically necessary.