

Case Number:	CM15-0178866		
Date Assigned:	09/21/2015	Date of Injury:	05/16/2013
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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 43 year old female, who sustained an industrial injury on May 16, 2013. She reported injury to her lower back. The injured worker was currently diagnosed as having lumbar disc displacement without myelopathy, degeneration lumbar-lumbosacral disc, lumbosacral spondylosis, lumbar spinal stenosis, pain in joint hand and sciatica. Notes stated that the injured worker completed aqua therapy with improvement in her mobility and baseline pain level. She was evaluated by a hand surgeon who recommended hand therapy and acupuncture. She underwent six sessions of hand therapy without much improvement in her right wrist pain. A prior right de Quervain's tenosynovitis injection was without benefit. On March 31, 2014, she had a surgical consultation and was found not to be a good surgical candidate. A functional restoration program was then recommended and she was noted to complete the program with benefit. On September 14, 2015, the injured worker complained of low back pain with radiation into the lower extremities and right wrist pain secondary to de Quervain's tenosynovitis from using her straight cane in the right hand. She was noted to be having difficulty with standing for prolonged periods of time including during her shower. She also has to sit down to wash her feet and lower legs and she cannot bend and balance in order to do so. She stated that she feels she will topple over due to the pain when bending and stooping. The treatment plan included a lumbar cushion, raised toilet seat with handles, medications and a follow-up visit. On August 20, 2015, utilization review denied a request for a shower chair replacement and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement shower chair: 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), 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 and Leg chapter, under Durable Medical Equipment (DME).

Decision rationale: The current request is for a REPLACEMENT SHOWER CHAIR. The RFA is dated 08/18/15. Treatment history includes wrist injection, bracing, acupuncture, physical therapy, aqua therapy, functional restoration program and medications. The patient is not working. ODG Knee and Leg chapter, under Durable Medical Equipment (DME) States: "Generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." Per report 08/17/15, the patient presents with chronic low back pain with radiation into the lower extremities and right wrist pain secondary to de Quervain's tenosynovitis. The patient reported having difficulty with standing for prolonged periods of time including during her shower. She also has to sit down to wash her feet and lower legs and she cannot bend and balance in order to do so. Physical examination revealed antalgic gait, and normal muscle tone. This examination finding is consistent through reports 06/30/15 through 09/14/15. The treater requested a replacement shower chair, as the patient uses it to help with stability so that she does not fall and allows her to bathe without having to bend forward at the waist which is painful. It appears the patient has a shower chair which she is currently utilizing; however, the treater has provided no discussion as to why a replacement is being requested. There is no discussion as to what is wrong with the current chair, how long it's been used and why it needs to be replaced. The request IS NOT medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: The current request is for a FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 08/18/15. Treatment history includes wrist injection, bracing, acupuncture, physical therapy, aqua therapy, functional restoration program and medications. The patient is not working. MTUS/ACOEM guidelines, Chapter 7, p137-139 has the following regarding

functional capacity evaluations "the examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per report 08/17/15, the patient presents with chronic low back pain with radiation into the lower extremities and right wrist pain secondary to de Quervain's tenosynovitis. The patient reported having difficulty with standing for prolonged periods of time including during her shower. She also has to sit down to wash her feet and lower legs and she cannot bend and balance in order to do so. The treater requested a functional capacity evaluation to help determine a true level of impairment and disability. In this case, the request for the Functional Capacity Evaluation is not from the employer or claims administrator. ACOEM and ODG do not support functional capacity evaluations solely to determine impairment/disability level, unless the information obtained is crucial or requested by the adjuster/employer. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the request IS NOT medically necessary.