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| Case Number: | CM15-0038087 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 10/12/2001 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male patient, who sustained an industrial injury on 10/12/2001. The diagnoses have included chronic pain syndrome; depression; psychological diagnosis; morbid obesity; headaches and internal medicine diagnosis. He sustained the injury when he lost his balance, fell and struck his head against barrier in parking lot. Per the doctor's note dated 2/3/2015, he had severe low back pain. He was in a wheelchair and bed bound. He does not stand independently. The physical examination revealed morbid obesity, intact lower extremity strength and lower lumbar paravertebral tenderness. The medications list includes prozac, diovan, vicodin, topamax and prilosec. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. The utilization review was performed on 2/2/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Purchase of Bed liners and Depends: 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) Chapter: Knee & Leg (updated 02/27/15) Durable medical equipment (DME).

Decision rationale: Request: Continued Purchase of Bed liners and Depends ACOEM/ CA MTUS do not address this request. Therefore ODG used. Per the ODG guidelines regarding durable medical equipment "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." Any details related to the presence of fecal or urinary incontinence in this pt was not specified in the records provided. The rationale for the medical need of Bed liners and Depends is not specified in the records provided. The medical necessity for Continued Purchase of Bed liners and Depends is not fully established at this time.

Rear platform for his van, for his scooter: 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) Chapter: Knee & Leg (updated 02/27/15) Durable medical equipment (DME).

Decision rationale: Request: Rear platform for his van, for his scooter ACOEM/ CA MTUS do not address this request. Therefore ODG used. Per the ODG guidelines regarding rear platform for his van, for his scooter, "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 rationale for the medical need of this rear platform for his van, for his scooter is not specified in the records provided. Evidence of absence of caregiver that help in such kind of service is not specified in the records provided. The medical necessity for rear platform for his van, for his scooter is not fully established at this time.