

Case Number:	CM15-0038426		
Date Assigned:	03/09/2015	Date of Injury:	07/16/1996
Decision Date:	05/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 an 80 year old male, who sustained an industrial injury on 7/16/1996. The injured worker was diagnosed as having lumbar post laminectomy syndrome, and lumbosacral intervertebral disc degeneration. Treatment to date has included medications, gym membership, and lumbar surgery. On 11/21/2014, the injured worker reported continued low back pain. The injured worker indicated that he falls on occasion, however has not fallen since his last appointment. The injured worker had a recent home safety evaluation completed. Upon examination, the injured worker demonstrated a slow and antalgic gait. It was also noted that the injured worker utilized a cane for ambulation assistance. There was a forward flexed body posture noted. Recommendations, as per the recent home safety evaluation, included modifications to the injured worker's bathroom as well as housecleaning services twice per day, 4 hours each day. The injured worker was also instructed to continue with the home exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Raised toilet seat: 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 (Acute & Chronic).

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items 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 treatment plan for injury, infection or conditions that result in physical limitations. In this case, there was no recent comprehensive physical examination provided, documenting a significant functional limitation. It is noted that the injured worker utilizes a walker for ambulation assistance. The injured worker reported no difficulties with toileting or transferring out of a chair. The guidelines also state, bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. As the medical necessity has not been established, the request is not medically necessary.

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), Knee & Leg (Acute & Chronic).

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items 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 treatment plan for injury, infection or conditions that result in physical limitations. In this case, there was no recent comprehensive physical examination provided, documenting a significant functional limitation. It is noted that the injured worker utilizes a walker for ambulation assistance. The injured worker reported no difficulties with toileting or transferring out of a chair. The guidelines also state, bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. As the medical necessity has not been established, the request is not medically necessary.

Bathtub rail: 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 (Acute & Chronic).

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.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Certain DME toilet items 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 treatment plan for injury, infection or conditions that result in physical limitations. In this case, there was no recent comprehensive physical examination provided, documenting a significant functional limitation. It is noted that the injured worker utilizes a walker for ambulation assistance. The injured worker reported no difficulties with toileting or transferring out of a chair. The guidelines also state, bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. As the medical necessity has not been established, the request is not medically necessary.

Life alert system: 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.

Decision rationale: The Official Disability Guidelines state 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. In this case, there was no indication that this injured worker was at high risk of falls. While it was noted that the injured worker had a history of a prior fall, the injured worker denied any recent falls. There was also no comprehensive physical examination provided, documenting a significant functional deficit. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.