

Case Number:	CM15-0040298		
Date Assigned:	03/10/2015	Date of Injury:	09/25/2004
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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: Internal 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 51 year old male who sustained an industrial injury on 9/25/04. The injured worker reported symptoms in the back and left lower extremity. The injured worker was diagnosed as having displacement lumbar disk without myelopathy, post-laminectomy syndrome; lumbar, lumbar stenosis and lumbosacral radiculitis (segmental). Treatments to date have included status post L5-S1 microdiscectomy on 1/5/11, status post L3-S1 fusion on 5/31/11, status post revision L-S1 posterior spinal fusion on 10/15/14, non-steroidal anti-inflammatory drugs, oral pain medication, and physical therapy. In a progress note dated 1/8/15 the treating provider reports the injured worker was with pain in the lower back noting the injured worker was "unable to perform many routine activities" due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of bathroom hygiene assistive device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) indicates that home health services is recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Official Disability Guidelines (ODG) indicates that durable medical equipment (DME) is recommended generally if there is a medical need. 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. DME generally is not useful to a person in the absence of illness or injury. The term DME is defined as equipment, which is primarily and customarily used to serve a medical purpose. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Shower grab bars are considered a self-help device, not primarily medical in nature. The primary treating physician's progress report dated 2/5/15 documented a history of low back injury. Physical examination noted that the patient was appropriately dressed, in no acute distress. The lumbar wound continues to heal well. Range of motion of the lumbosacral spine was not tested. The physical examination did not present findings that support the request for "some type of device" to help the patient with bathroom hygiene. The physician wrote, "I do not know exactly how to word the request." Per ODG, bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The request for bathroom hygiene assistive device is not supported by ODG guidelines. Therefore, the request for bathroom hygiene assistive device is not medically necessary.