

Case Number:	CM15-0069765		
Date Assigned:	04/17/2015	Date of Injury:	08/08/2000
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pain Management

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 59 year old female, who sustained an industrial/work injury on 8/8/00. She reported initial complaints of pain in the upper back, neck, lower back, right hand and wrist, and left hand and wrist. The injured worker was diagnosed as cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and s/p left carpal tunnel surgery. Treatment to date has included oral and topical medication, diagnostics, physical therapy, and surgery. Currently, the injured worker complains of pain in neck, back, and wrists. Per the primary physician's progress report (PR-2) on 3/10/15, light touch sensation to the right mid anterior thigh, right mid-lateral calf, and right lateral are diminished. Surgery option was declined. The requested treatments include Bath tub safety bars (cervical, thoracic, lumbar, bilateral wrists) and Heating pad (cervical, thoracic, lumbar, bilateral wrists).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bath tub safety bars (cervical, thoracic, lumbar, bilateral wrists): 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 and Leg, 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 & Leg, Durable medical equipment (DME).

Decision rationale: Regarding the request for Bath tub safety bars (cervical, thoracic, lumbar, bilateral wrists), California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) 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 medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no indication that the patient is unable to safely enter a bathtub and would therefore require safety bars. Additionally, there is no indication that the patient has significant muscle weakness or lack of coordination which would increase the risks of falls in the bathtub. It is unclear, therefore, why bathtub safety bars would be needed. In the absence of clarity regarding those issues, the currently requested Bath tub safety bars (cervical, thoracic, lumbar, bilateral wrists) is not medically necessary.

Heating pad (cervical, thoracic, lumbar, bilateral wrists): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Heat therapy; Neck and Upper Back, Heat/Cold Application.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 265, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Cold packs and Heat therapy, Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for heating pad, California MTUS and ODG do support the use of simple heat/cold packs. Within the documentation available for review, it is clear the patient has multiple musculoskeletal conditions causing pain and decreased function. Guideline supports the use of heat packs for the treatment of lumbar spine conditions as well as upper extremity and other musculoskeletal conditions. There is no indication that the patient has a heat pack already. Therefore, the currently requested heating pad is medically necessary.