

Case Number:	CM15-0069806		
Date Assigned:	04/17/2015	Date of Injury:	04/18/2014
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
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, Indiana, New York
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 38 year old male, who sustained an industrial injury on April 18, 2014. He reported pain in the mid and low back. The injured worker was diagnosed as having thoracic spine and lumbar spine muscle spasms clinically, thoracic and lumbar chronic healed compression fractures, lumbar minimal disc bulge and lumbar neuroforaminal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, back brace, cane, aquatic therapy, steroid injections, medications and work restrictions. Currently, the injured worker complains of mid and low back pain, frustration, anxiety, depression, sexual dysfunctions and sleep disruptions secondary to chronic pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Surgical intervention was discussed but not recommended. He reported being instructed to do no moving or bending and was required to wear a clam back brace for quite some time. He was eventually instructed to continue with the brace and to use a cane for ambulation. He was instructed to continue aqua therapy for the remainder of his life to prevent muscular atrophy. Evaluation on March 9, 2015, revealed continued pain as noted. A wheel chair ramp and a recliner lift chair were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recliner lift chair purchase: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, recliner lift chair purchase is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured workers working diagnoses are thoracic spine and lumbar spine muscle spasms clinically; T 11, 212 and L1 chronic compression fractures; L3 - L4 minimal disc bulge; and L3 - L4 mild bilateral neuroforaminal stenosis. Subjectively, according to a March 18, 2015 progress note, the injured worker complains of moderate pain in the thoracic spine/10. He has limited range of motion. The injured worker complains of moderate to severe pain in the lumbar spine, 7/10. The injured worker was provided with pain and instructed to start walking. The injured worker was discharged from the hospital with instructions on bed rest. The injured worker received a therapy and was told the fractures healed in a bad position. The injured worker ambulates with a single point cane. Objectively, the injured worker is in no acute distress. He needs a cane to maintain balance. Thoracic spine range of motion is 50% of full. Range of motion of the lumbar spine is decreased. The treatment plan requests a recliner lift chair and the whole wheelchair ramp. There is no clinical rationale of the recliner lift chair. There is no specific indication in the medical record for a recliner lift chair. The patient is not wheelchair-bound and ambulates with a cane. Consequently, acts of clinical documentation with a clinical indication and rationale for the recliner lift chair, recliner lift chair purchase is not medically necessary.

Home wheel chair ramp 2 step: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, Home wheelchair ramp-two steps is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and

are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured workers working diagnoses are thoracic spine and lumbar spine muscle spasms clinically; T 11, 212 and L1 chronic compression fractures; L3 - L4 minimal disc bulge; and L3 - L4 mild bilateral neuroforaminal stenosis. Subjectively, according to a March 18, 2015 progress note, the injured worker complains of moderate pain in the thoracic spine/10. He has limited range of motion. The injured worker complains of moderate to severe pain in the lumbar spine, 7/10. The injured worker was provided with pain and instructed to start walking. The injured worker was discharged from the hospital with instructions on bed rest. The injured worker received a therapy and was told the fractures healed in a bad position. The injured worker ambulates with a single point cane. Objectively, the injured worker is in no acute distress. He needs a cane to maintain balance. Thoracic spine range of motion is 50% of full. Range of motion of the lumbar spine is decreased. The treatment plan requests a recliner lift chair and the whole wheelchair ramp. There is no clinical rationale of the recliner lift chair. There is no specific indication in the medical record for a recliner lift chair. The patient is not wheelchair-bound and ambulates with a cane. Consequently, absent clinical documentation with a clinical indication and rationale for the home wheelchair ramp-two steps, home wheelchair ramp-two steps is not medically necessary.