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| Case Number: | CM15-0079684 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 04/15/2005 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: 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 a 64-year-old male, with a reported date of injury of 04/15/2005. The diagnoses include lumbar radiculopathy, L1-S1 stenosis with chronic cauda equine syndrome, status post lumbar laminectomy with incidental durotomy repair, dural tear, right lower extremity weakness and numbness, and neurogenic bowel/bladder. Treatments to date have included x-rays of the lumbar spine, oral medications, occupational therapy, physical therapy, lumbar spine surgery, steroid therapy, anticoagulation therapy, and cane. The admission history and physical report dated 03/13/2015 indicates that the injured worker had complications following surgery with a new onset of right leg weakness, new onset of left leg tingling/prickling, and perianal abnormal sensation. His neurological status started to improve on 03/11/2015 with a complete resolution of the left leg tingling/prickling and continued to improve in right lower extremity strength. It was noted that the injured worker was doing well. The physical examination showed decreased sensation on the right L5 and right C6, and intact sensation to light touch in the upper and lower extremities. He was independent with his activities of daily living. The medical report dated 03/24/2015 indicates that there was a decline in the injured worker's activities of daily living. The treating physician requested an ADL Hip Kit, leg lifter, grab bars, and portable ramp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) hip kit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Guidelines, 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, Knee Chapter, DME and Kaiser Permanente's Total Hip Replacement Patient Handbook, page 22.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain associated with bladder incontinence and post-operative right leg weakness. Patient is status post L2-1 TLIF and L4-S1 laminectomy with incidental durotomy repair on 03/09/15. Patient is status post bilateral total hip arthroplasty, bilateral shoulder arthroscopy, cervical spinal fusion and laminectomy, and right carpal tunnel surgery, dates unspecified. Patient is status post IVC filter replacement 03/10/15. The request is for durable medical equipment (DME) hip kit. Patient's diagnosis per Request for Authorization for m dated 03/26/15 includes lumbar radiculopathy. Per 04/01/15 report the patient "still has weakness in the L3 distribution, in the left anterior thigh and weakness in the left iliopsoas. The weakness we feel is secondary to the L1-2 severe spinal stenosis... He is able to walk with a walker. He used a wheelchair transfer." Treatments to date have included surgeries, occupational and physical therapy, steroid therapy, anticoagulation therapy, medications and cane. Patient's medications include Soma, Oxycodone and Dilaudid. The patient is off-work, per 03/05/15 report. Treatment reports were provided from 11/05/14 - 04/20/15. Kaiser Permanente's Total Hip Replacement Patient Handbook, page 4 states: "Hip Kit -Prior to coming into the hospital for your hip surgery you will want to consider purchasing a Hip Kit to maximize your independence and protect your hip from dislocation after surgery. The hip kit includes: a reacher, contoured scrub sponge, dressing stick, elastic shoe laces, shoehorn, leg lifter, sock assist. The Hip Kit can be purchased from the Kaiser Permanente Health Education Offices." Kaiser Permanente's Total Hip Replacement Patient Handbook, page 22 states: "Medical equipment and the amount of insurance coverage vary and are determined by your health plan... hip kits are NOT a covered benefit by any health plan, and can be purchased at any medical equipment store." ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Per 03/13/15 report, the provider states "post-operative course complicated by new onset right leg weakness and left leg paraesthesias, following urgent imaging repeat surgical intervention was not indicated. Patient has been treated with a decadron taper for post-surgical inflammation. Patient now with self-care and mobility deficits." Per 03/26/15 progress report, the provider states "the use of an ADL hip kit will significantly increase pt's independence, safety, decrease caregiver burden, and decrease the risk for fall during LB dressing and tub/shower transfer. The use of the leg lifter will allow pt to lift his legs unilaterally over tub

ledge while seated on tub bench with a safe technique and abiding by spinal precautions. Pt demonstrates good understanding and carryover of ADL hip kit and leg lifter during therapy sessions." In this case, the patient is status post recent lumbar laminectomy 03/09/15, bilateral total hip arthroplasties unspecified dates, and continues with bilateral lower extremity weakness and potential fall risk. Given patient's diagnosis and continued symptoms, the request for hip kit appears reasonable. The hip kit appears to meet ODG definition of durable medical equipment. Therefore, the request IS medically necessary.

Durable medical equipment (DME) leg lifter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Guidelines, 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, Knee Chapter, DME and Kaiser Permanente's Total Hip Replacement Patient Handbook, Page 22.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain associated with bladder incontinence and post-operative right leg weakness. Patient is status post L2-1 TLIF and L4-S1 laminectomy with incidental durotomy repair on 03/09/15. Patient is status post bilateral total hip arthroplasty, bilateral shoulder arthroscopy, cervical spinal fusion and laminectomy, and right carpal tunnel surgery, dates unspecified. Patient is status post IVC filter replacement 03/10/15. The request is for durable medical equipment (DME) leg lifter. Patient's diagnosis per Request for Authorization form dated 03/26/15 includes lumbar radiculopathy. Per 04/01/15 report the patient "still has weakness in the L3 distribution, in the left anterior thigh and weakness in the left iliopsoas. The weakness we feel is secondary to the L1-2 severe spinal stenosis... He is able to walk with a walker. He used a wheelchair transfer." Treatments to date have included surgeries, occupational and physical therapy, steroid therapy, anticoagulation therapy, medications and cane. Patient's medications include Soma, Oxycodone and Dilaudid. The patient is off-work, per 03/05/15 report. Treatment reports were provided from 11/05/14 - 04/20/15. Kaiser Permanente's Total Hip Replacement Patient Handbook, page 4 states: "Hip Kit -Prior to coming into the hospital for your hip surgery you will want to consider purchasing a Hip Kit to maximize your independence and protect your hip from dislocation after surgery. The hip kit includes: a reacher, contoured scrub sponge, dressing stick, elastic shoe laces, shoehorn, leg lifter, sock assist. The Hip Kit can be purchased from the Kaiser Permanente Health Education Offices." Kaiser Permanente's Total Hip Replacement Patient Handbook, page 22 states: "Medical equipment and the amount of insurance coverage vary and are determined by your health plan... hip kits are NOT a covered benefit by any health plan, and can be purchased at any medical equipment store." ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily

used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Per 03/13/15 report, the provider states "post-operative course complicated by new onset right leg weakness and left leg paraesthesias, following urgent imaging repeat surgical intervention was not indicated. Patient has been treated with a decadron taper for post-surgical inflammation. Patient now with self-care and mobility deficits." Per 03/26/15 progress report, the provider states "the use of an ADL hip kit will significantly increase pt's independence, safety, decrease caregiver burden, and decrease the risk for fall during LB dressing and tub/shower transfer. The use of the leg lifter will allow pt to lift his legs unilaterally over tub ledge while seated on tub bench with a safe technique and abiding by spinal precautions. Pt demonstrates good understanding and carry over of ADL hip kit and leg lifter during therapy sessions." In this case, the patient is status post recent lumbar laminectomy 03/09/15, bilateral total hip arthroplasties unspecified dates, and continues with bilateral lower extremity weakness and potential fall risk. Given patient's diagnosis and continued symptoms, the request for leg lifter would appear reasonable. However, leg lifter is already included in hip kit, per Kaiser Permanente's Total Hip Replacement Patient Handbook. This appears to be a duplicate request. Therefore, the request IS NOT medically necessary.

Durable medical equipment (DME) grab bars: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Guidelines, 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, Knee Chapter Online, For Shower Grab Bars, Knee Chapter Online for DME.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain associated with bladder incontinence and post-operative right leg weakness. Patient is status post L2-1 TLIF and L4-S1 laminectomy with incidental durotomy repair on 03/09/15. Patient is status post bilateral total hip arthroplasty, bilateral shoulder arthroscopy, cervical spinal fusion and laminectomy, and right carpal tunnel surgery, dates unspecified. Patient is status post IVC filter replacement 03/10/15. The request is for durable medical equipment (DME) grab bars. Patient's diagnosis per Request for Authorization form dated 03/26/15 includes lumbar radiculopathy. Per 04/01/15 report the patient "still has weakness in the L3 distribution, in the left anterior thigh and weakness in the left iliopsoas. The weakness we feel is secondary to the L1-2 severe spinal stenosis... He is able to walk with a walker. He used a wheelchair transfer." Treatments to date have included surgeries, occupational and physical therapy, steroid therapy, anticoagulation therapy, medications and cane. Patient's medications include Soma, Oxycodone and Dilaudid. The patient is off-work, per 03/05/15 report. Treatment reports were provided from 11/05/14 - 04/20/15. ODG-TWC guidelines, Knee chapter online, for Shower grab bars states, "See Durable medical equipment DME. Grab bars are considered a self-help device, not primarily medical in nature." ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally if there is a medical need and if the

device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Per 03/13/15 report, the provider states "post-operative course complicated by new onset right leg weakness and left leg paraesthesias, following urgent imaging repeat surgical intervention was not indicated. Patient has been treated with a decadron taper for post-surgical inflammation. Patient now with self care and mobility deficits." In this case, the patient is status post recent lumbar laminectomy 03/09/15, bilateral total hip arthroplasties unspecified dates, and continues with bilateral lower extremity weakness and potential fall risk. Given patient's diagnosis and continued symptoms, the request for grab bar appears reasonable and in accordance with Official Disability Guidelines definition of durable medical equipment. Therefore, the request IS medically necessary.

Durable medical equipment (DME) portable ramp: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Guidelines, 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, Knee Chapter, DME.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain associated with bladder incontinence and post-operative right leg weakness. Patient is status post L2-1 TLIF and L4-S1 laminectomy with incidental durotomy repair on 03/09/15. Patient is status post bilateral total hip arthroplasty, bilateral shoulder arthroscopy, cervical spinal fusion and laminectomy, and right carpal tunnel surgery, dates unspecified. Patient is status post IVC filter replacement 03/10/15. The request is for durable medical equipment (DME) portable ramp. Patient's diagnosis per Request for Authorization form dated 03/26/15 includes lumbar radiculopathy. Per 04/01/15 report the patient "still has weakness in the L3 distribution, in the left anterior thigh and weakness in the left iliopsoas. The weakness we feel is secondary to the L1-2 severe spinal stenosis... He is able to walk with a walker. He used a wheelchair transfer." Treatments to date have included surgeries, occupational and physical therapy, steroid therapy, anticoagulation therapy, medications and cane. Patient's medications include Soma, Oxycodone and Dilaudid. The patient is off-work, per 03/05/15 report. Treatment reports were provided from 11/05/14 - 04/20/15. ODG-TWC guidelines, Knee Chapter online for DME states: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Per 04/01/15 report, the provider states "it is recommended that pt use a ramp to ascend and descend stairs in wheelchair due again to BLE weakness and potential fall risk from knees bucking... with knee brace on, no knee bucking

occurred and pt reported that he felt the brace increased his stability." Per 03/13/15 report, the provider states "post-operative course complicated by new onset right leg weakness and left leg paraesthesias, following urgent imaging repeat surgical intervention was not indicated. Patient has been treated with a decadron taper for post-surgical inflammation. Patient now with self care and mobility deficits." In this case, the patient is status post recent lumbar laminectomy 03/09/15, bilateral total hip arthroplasties unspecified dates, and continues with bilateral lower extremity weakness and potential fall risk. Given patient's diagnosis and continued symptoms, the request for portable ramp appears reasonable and in accordance with ODG definition of durable medical equipment. Therefore, the request IS medically necessary.