

Case Number:	CM15-0086399		
Date Assigned:	05/13/2015	Date of Injury:	06/30/2008
Decision Date:	10/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on November 26, 2007. He reported back pain with associated radiating pain, tingling and numbness, depression and inability to ambulate. The injured worker was diagnosed as having dysthymic disorder, chronic pain syndrome, post failed laminectomy of the back, thoracic and lumbosacral radiculitis, hypertension, anxiety state and depressive disorder. Treatment to date has included radiographic imaging, diagnostic studies, lumbar surgery, conservative care, home health care, durable medical equipment, medications and work restrictions. Currently, the injured worker complains of continued severe back pain and inability to ambulate or perform activities of daily living. He was reported as chair fast and unable to propel self in a wheel chair. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he was chair fast and required home health care. Documents revealed he lived in a two level home with a living area, bathroom, kitchen and dining room downstairs and the bedrooms upstairs. A chair lift was installed as well as grab bars, a trapeze bar and various other pieces of medical equipment to improve his ability to transfer and move safely from one level of the house to the other. It was noted at this time his bathroom was not equipped for nursing to safely perform hygiene measures and he required bed baths. It was noted he was depressed about his inability to perform activities of daily living and personal care. It was noted he could not be safely transferred into a vehicle without a lift and the house had a step to enter with a narrow walkway. Evaluation on December 16, 2014, revealed no changes. A Hoyer lift, a condom catheter, a

handicap accessible bathroom upgrade, modification to the home to include a ramp, a power wheelchair, a handicap accessible van, repair to the chair lift and a tub chair were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hoyer lift: 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 and Leg.

Decision rationale: Guidelines recommend Hoyer Lift if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there is no documentation for the need for a Hoyer lift. Although the patient needs assistance with transfers, he is able to transfer using other DME. The request for a Hoyer Lift is not medically appropriate and necessary.

Power wheelchair: 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 and leg.

Decision rationale: Guidelines recommend Power Wheelchair if the patient's functional mobility cannot be resolved by a cane or walker or if there is no caregiver to propel a manual wheelchair. In this case, the claimant has a caregiver who can assist with a manual wheelchair. The request for a Power Wheelchair is not medically appropriate and necessary.

Tub Chair: 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) DME.

Decision rationale: Documentation notes that the claimant's bathroom needs to be modified to meet requirements for safe access to the bath and shower. However, there is no indication that the claimant could not be given a bed bath as he is provided with a hospital bed. Thus the request for a tub chair is not medically appropriate and necessary.

Repair to chair lift for stairs: 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 and Leg.

Decision rationale: Guidelines recommend a chair lift if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, the claimant is being certified for a hospital bed and bedside commode and trapeze. Since there is no need to access the second floor with the provided DME, the request to repair the chair lift for stairs is not medically appropriate and necessary.

Handicap accessible bathroom modification; not enough room to include toilet and grab bars: 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) DME.

Decision rationale: Guidelines recommend various devices if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, the claimant is being certified for a chairlift, hospital bed and bedside commode. There is no rationale as to why modification of the bathroom is necessary with the bedside commode and the claimant will be provided bed baths precluding the need for increasing bathroom modifications. The request for modification of the Bathroom is not medically appropriate and necessary.

Modification to home walk-way to include ramps: 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) DME.

Decision rationale: Guidelines recommend renovation of a walkway and installation of ramps if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there is no documentation for the need for renovation of the walkway given that the current walkway is big enough for the claimant's current wheelchair. The request for Home Walk Way modification is not medically appropriate and necessary.

Condom catheter and other incontinence supplies: 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) DME.

Decision rationale: The claimant is incontinent and has been provided with a bedside commode and hospital bed. The use of a condom catheter is medically necessary. Regarding the continence supplies, the request is open ended and does not specify what supplies are requested. The request for other incontinence supplies is not medically necessary and appropriate.

Purchase of handicap accessible van to include wheelchair lift and safe transport: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: According to guidelines, a specialized handicap van is a matter of applicant responsibility and is not supported by guidelines as it would decrease the claimant's level of activity. In this case, the functional deficits of the claimant are not clearly defined. The request for the handicap van is not medically necessary and appropriate.