

Case Number:	CM15-0094934		
Date Assigned:	05/21/2015	Date of Injury:	01/15/2005
Decision Date:	06/29/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Pennsylvania

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 an 87 year old female who sustained an industrial injury on January 15, 2005. The injured worker was diagnosed as having lumbosacral spine/strain with disc bulges, hypertrophic changes and narrowing of the neural foramina, and bilateral lower extremity radiculopathy. Treatment and evaluation to date has included magnetic resonance imaging (MRI), physical therapy and medication. Yearly orthopedic progress notes from 2013, 2014, and 2015 were submitted. Progress note dated March 31, 2015 indicates the injured worker complains of low back pain radiating down the legs with numbness, tingling and weakness. She reports worsening condition to the point she cannot drive or shop. The injured worker reported that she has significant difficulty manipulating the handles on her bathtub, rising from a seated or lying position, and sleeping due to an old mattress. She reported difficulty with ambulation and uses a cane for assistance. There is lumbar tenderness on palpation with spasticity. Range of motion (ROM) is decreased. Straight leg raise and Lasegue testing is positive bilaterally. She is unable to squat or heel to toe walk. Magnetic resonance imaging (MRI) studies were reviewed. The plan includes handicap bars for bathroom and tub, raised toilet, tripod cane, water controls for bathtub and mattress. On 4/27/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Handicap Bars for bathroom and tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 (ODG) knee/leg chapter: shower grab bars, durable medical equipment.

Decision rationale: The MTUS is silent with regards to handicap bars. The ODG states that grab bars are considered a self-help device, not primarily medical in nature. Per the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment, which can withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The treating physician has not stated the indication for the requested equipment. As the guidelines state that this equipment is not primarily medical in nature, and as it does not meet the definition of durable medical equipment, the request for Handicap Bars for bathroom and tub is not medically necessary.

Raised Toilet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 (ODG) knee/leg chapter: durable medical equipment.

Decision rationale: The MTUS is silent regarding a raised toilet. Per the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment, which can withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The ODG states that certain DME items such as commodes or bed pans are medically necessary if the patient is bed or room-confined, and that devices including raised toilet seats may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, there was no documentation that the injured worker was bed or room-confined, and no treatment plan was submitted by the physician. As such, the request for raised toilet is not medically necessary.

Tri-Pod Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Walking Aids.

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 chapter: walking aids.

Decision rationale: The MTUS is silent regarding the request for tri-pod cane. The ODG recommends the use of walking aides such as canes for persons with knee pain or osteoarthritis. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Disability, pain, and age related-impairments determine the need for a walking aid. Frames or wheeled walkers are preferable for patients with bilateral disease. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. This injured worker has lumbar strain and lumbar radiculopathy. There was no documentation of diagnosis of knee pain or osteoarthritis. The treating physician has not specified the indication for the tri-pod cane. In addition, it was documented that the injured worker was using a cane for ambulation, and there was no discussion of why the current cane is unsuitable. As such, the request for tri-pod cane is not medically necessary.

Water Controls for bathtub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 (ODG) knee/leg chapter: durable medical equipment.

Decision rationale: The MTUS is silent regarding water controls for bathtub. Per the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. This injured worker has low back pain with diagnoses of lumbosacral sprain and radiculopathy. It was noted that she had difficulty manipulating the handles on her bathtub. The requested water controls for bathtub do not meet the definition of durable medical equipment, as there was no documentation of the medical purpose of this equipment, and as this type of equipment would be considered useful in the absence of illness or injury. As such, the request for water controls for bathtub is not medically necessary.

Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: mattress selection.

Decision rationale: The MTUS is silent with regards to the request for a mattress. The ODG states that it is not recommended to use firmness as the sole criteria for mattress selection, and that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. This injured worker has low back pain, and the treating physician has requested a mattress due to the injured worker's difficulty sleeping due to an old mattress. As the guidelines do not recommend any type of mattress or bedding as a treatment for low back pain, the request for mattress is not medically necessary.