

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 3/27/2006
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011357

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland, California, Ohio, Pennsylvania. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/27/2006. Reference diagnosis includes thoracic/lumbosacral neuritis and radiculitis. Additional diagnoses include lumbar postlaminectomy syndrome, lumbago, back pain, and vertigo. An initial physician review notes that this patient has a failed back surgery syndrome leading to placement of a spinal stimulator and notes that the patient was recommended for a low-profile shower entrance which required some form of modification to the home. The patient had been noted to have a slow gait pattern with non-quantified reduction of range of motion to the hips and knees with no specific abnormality on motor examination of the lower extremities. He was noted previously to have electrodiagnostic evidence of a lumbar radiculopathy. That review noted there was no documentation of a home safety or accessibility assessment, and medical necessity for this conversion was not clinically established.

IMR DECISION(S) AND RATIONALE(S)

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

1. Low Step in Shower is not medically necessary and appropriate.

The Claims Administrator based its decision on the Clinical Treatment Guidelines, Catastrophic Conditions-Home Modifications and Durable Medical Equipment, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, The Physician Reviewer based his/her decision on the Official

Disability Guidelines (ODG)/ Treatment of Workers' Compensation, Knee, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This request is not specifically discussed in the MTUS. This request is similar in necessity analysis to a request for durable medical equipment. The Official Disability Guidelines(ODG)/Treatment of Workers' Compensation/Knee states regarding durable equipment that guidelines include whether such equipment "is primarily and customarily used to serve a medical purpose...generally is not useful to a person in the absence of injury or illness...and is appropriate for use in a employee's home." This request does not meet the criteria of being not useful in the absence of illness or injury. This request is a request for home modification which is a consumer request and not generally an item of medical necessity. Moreover, the medical records do not contain a physical therapy(PT), or occupational therapy(OT), discussion to clarify whether the employee requires a step-in shower or whether adaptive techniques could instead allow the employee to continue using his existing shower. For these reasons, the records and guidelines do not support this request. **The request for Low Step in Shower is not medically necessary.**

/bd

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]

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