

Case Number:	CM14-0149105		
Date Assigned:	09/18/2014	Date of Injury:	09/25/2012
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male with a reported date of injury on 09/25/2012. The injury reportedly occurred during a gun fight. The progress note dated 06/25/2014 revealed the injured worker required a dishwasher when was Clostridium difficile positive, which had resolved, and the dishwasher since the injured worker was disabled was still necessary. The provider indicated the injured worker required orthopedic equipment, as well as maintains him in an independent living situation. The provider indicated a 24 hour care evaluation was 09/23/2013 and should have been revised since the injured worker had improved. The progress note dated 07/30/2014 revealed decrease in function with respect to the brachioradialis moderated wrist extension as well as flexion of the elbow. The physical therapy note dated 08/20/2014 revealed improvement to the left shoulder with comfort and function, and the injured worker was now able to lie on his left side for up to 15 minutes. There was trace activation of the elbow flexors noted with strong pulse through the axilla, which suggested continued healing and fair prognosis following surgery. The provider indicated that the injured worker would benefit from continued physical therapy with focus on increasing the range of motion, strength, and functional abilities. The injured worker felt like this was improving since he had upper arm movement, where he had nothing previously. The range of motion to the shoulder continued to be good and the provider requested physical therapy. The Request for Authorization form dated 08/20/2014 was for a dishwasher due to the injured worker's disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dishwasher automatic dish-washing machine to be installed in kitchen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee and Leg Chapter Durable medical equipment

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, Durable Medical Equipment

Decision rationale: The request for Dishwasher automatic dish-washing machine to be installed in kitchen is not medically necessary. The injured worker has a history of clostridium difficile toxin and has difficulty with his shoulder and upper extremities. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are not primarily medical in nature. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. A dishwasher does not serve a medical purpose as it is for convenience designed for the fully mobile, independent adult.