

Case Number:	CM13-0056142		
Date Assigned:	09/18/2015	Date of Injury:	11/27/1995
Decision Date:	10/26/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] ([REDACTED]) beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 27, 1995. In a utilization review report dated November 13, 2013, the claims administrator failed to approve a request for a single-storey residence to include four bedrooms, three bathrooms, a kitchen, a den, a private room in addition to the applicant's own bathroom, and a Jacuzzi or pool with associated safety equipment. The claims administrator based his decision, in large part, on legal grounds, citing Labor Code 4600 (a). The claims administrator contended that the request in question did not represent a request for medical services reasonably required to cure or relieve the applicant from the effects of the industrial injury. The claims administrator reportedly based its decision on an October 23, 2013 narrative report. In a supplemental report dated October 23, 2013, the attending provider stated that he was writing to clarify the type of single-story residence that the applicant needed. The attending provider stated the said single-story residence would require extensive modifications to include provision of a walk in shower, grab bars, shower chair, handrails, and ramps, as well as the three to four bedrooms in question. The attending provider suggested that the claimant undergo a nursing evaluation and evaluation with a life care planner to assess the requirements of the single-story residence required. The attending provider contended that the applicant had extensive healthcare needs but did not elaborate further. The applicant's attorney subsequently appealed. In a letter dated August 16, 2013, the attending provider stated that the applicant had undergone a nursing evaluation and that the applicant's nurse case manager believed that the applicant was in need of

a 24-7, round-the-clock caregiver care for wound care and medication management purposes. In a letter dated May 2, 2014, the applicant's treating provider again contended that the applicant had undergone an in-home nursing evaluation. The in-home nursing evaluator suggested that the applicant receive a single-story residence to accommodate him and his caregiver. It was stated that the applicant's bedroom was cramped and did not accommodate various furniture. The applicant's hallway was also apparently too narrow to accommodate a wheelchair, it was reported. Various other in-home modifications were suggested. In an in-home nursing evaluation dated March 20, 2014, it was suggested the applicant was currently living at a one-bedroom/1-1/2-bathroom apartment in an independent living facility. The nursing evaluator suggested that the hallways in the applicant's apartment were not wide enough to accommodate a wheelchair. The in-home nursing evaluator suggested that the applicant should receive provision of central air-conditioning, a smoke detector, fire alarms, a Jacuzzi, light switches, flooring, and the like. It was stated that the applicant was using a motorized wheelchair to move about. The in-home nursing evaluator, like the attending provider, did not outline the nature and/or extent of the applicant's medical issues or diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Story Residence to include Four Bedrooms, Three Bathrooms, a Kitchen, a Den, a Private Room in addition to his own Bedroom, a Jacuzzi or Pool with Associated Safety Equipment.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: No, the request for a single-story residence to include four bedrooms, three bathrooms, a kitchen, a den, a private room in addition to the applicant's bathroom, a Jacuzzi, and/or pool with associated safety equipment was not medically necessary, medically appropriate, or indicated here. While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that part and parcel of treatment for complex regional pain syndrome (CRPS) includes normalization of use and, if needed, assessment of ergonomics, posture, and/or modifications of home and work, here, however, the attending provider did not outline what medical issue(s), condition(s) and/or diagnoses were giving rise to the applicant's need for a specialized residence, usage of a motorized wheelchair on a day-to-day basis, etc. There was no mention of the applicant's carrying a diagnosis of complex regional pain syndrome (CRPS) or related condition which would generate such profound immobility and/or inability to ambulate independently. The MTUS Guideline in ACOEM Chapter 2, page 24 also stipulates that it is incumbent upon an attending provider to perform an evaluation which identifies "limitation of function at home, at work, or in other situations." Here, neither the applicant's

primary treating provider (PTP) nor the in-home nursing evaluator clearly identified what medical issue(s), condition(s), and/or diagnoses were generating such profound impairment so as to compel provision of a specialized residence. ODG's Knee Chapter Durable Medical Equipment (DME) Topic also notes that environmental modifications such as the single-story residence with four bedrooms, three bathrooms, a kitchen, a den, a private room, and Jacuzzi at issue are "considered not primarily medical in nature." While the ODG's Knee Chapter, Durable Medical Equipment Topic does acknowledge that medical conditions which result in physical limitations may require "modifications to the home environment," here, again, the attending provider failed to outline what medical issue(s), medical diagnoses, and/or medical condition(s) were generating such profound impairment so as to compel provision of the four-bedroom, three-bathroom home at issue. The in-home nursing evaluation on March 20, 2014, the appeal letter dated May 2, 2014, and the appeal letter dated August 16, 2013 all fail to outline what the applicant's operating medical diagnoses were and/or how said diagnoses were generating such profound impairment so as to compel provision of a specialized home. Therefore, the request was not medically necessary.