

<b>Case Number:</b>	CM14-0117028		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. 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

Certification(s)/Specialty: Anesthesiology

### 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 65 year old male, who sustained an industrial injury on 02/10/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, chronic low back pain, and lumbar multilevel degenerative disc disease. Treatment to date has included medication regimen and magnetic resonance imaging. In a progress note dated 04/29/2014 the treating physician reports complaints of low back pain with radiculopathy. The treating physician also notes weakness of the lower bilateral extremities, tenderness on palpation to the lumbar spine, and a decreased range of motion. The treating physician requested Power Chair Invacare Pronto with Captain seat, lift/recliner chair with custom based collar including the upgrades of heat and massage, tub transfer bench, sliding-folding universal transfer bench, neutral relator height adjuster with removal of back support and seat and level lock, offset handle aluminum cane with round rubber grip, cumulative hospital bed pad size 76x33x4, Flex-A-Bed, Hi-Low bed with power head and foot elevation and latex mattress, waist toilet seat padded, and a soft form lumbar support with contoured stay at 11 inches, with the treating physician noting that the injured worker requested this equipment noting that authorization is already in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Raised toilet seat padded U clamp w/ 4 locking brackets: 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), Durable medical equipment (DME) and Aetna Clinical Policy Bulletin: Bathroom and Toilet Equipment and Supplies ([http://www.aetna.com/cpb/medical/data/400\\_499/0429.html](http://www.aetna.com/cpb/medical/data/400_499/0429.html)).

**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, Durable medical equipment (DME).

**Decision rationale:** Durable medical equipment (DME) is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home. 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 considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools 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 is no documentation of specific functional limitation that would require a raised toilet seat padded U clamp w/ 4 locking brackets. Medical necessity of the requested item has not been established. The requested item is not medically necessary.

**Soft form lumbar support with countoured stays 11' beige: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 9, 308.

**Decision rationale:** According to the ACOEM guidelines, lumbar binders, corsets, or support belts are not recommended as treatment for low back pain. The guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In addition, the guidelines do not recommend lumbar braces for treatment of low back pain. Medical necessity for this item has not been established. Therefore, the lumbar brace is not medically necessary.

**Tub transfer bench, sliding, folding: 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), Durable medical equipment (DME) and Aetna Clinical Policy Bulletin: Bathroom and Toilet Equipment and Supplies ([http://www.aetna.com/cpb/medical/data/400\\_499/0429.html](http://www.aetna.com/cpb/medical/data/400_499/0429.html)).

**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, Durable medical equipment (DME).

**Decision rationale:** Durable medical equipment (DME) is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home. 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 considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools 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 is no documentation of specific functional limitation that would require a sliding, folding tub transfer bench. Medical necessity of the requested item has not been established. The requested item is not medically necessary.

**Nitro rollator aluminum height adjustable, removable back support seat and level locks:**  
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), Knee & Leg chapter and Medicare National Coverage Determinations Manual.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walking aids.

**Decision rationale:** According to the ODG, assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the patient can ambulate without assistance. There is no indication for the use of a walker, more so, the specific walker being requested. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Power chair, Invacare pronto M41, 300lb w/captain seat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Power Mobility Devices (PMDs).

**Decision rationale:** According to the CA MTUS, power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with the manual wheelchair. In this case, the patient can ambulate without assistance. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Lift/recliner chair, relaxer maxi comfort lift chair w/custom brisa color, include optional upgrades heat & massage:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Seat Lifts and Patient Lifts.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Lift mechanisms for seats and chairs are indicated for patient's with conditions that involve severe arthritis of the hips and knees or neuromuscular disease. These patients are usually incapable of standing up from a regular armchair and have difficulties with ambulation. In this case the patient is able to ambulate and there is no specific documentation that the patient has difficulty related to getting up from the seated position. There is no specific indication for the requested items. Medical necessity for the requested items is not established. The requested items are not medically necessary.

**Offset handle aluminum cane, designer colors, foam rubber grip:** 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), Knee & Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids.

**Decision rationale:** According to the ODG, assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of

the walking aid. In this case, the patient has chronic back pain and can ambulate without assistance. There is no specific indication for a cane. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Convoluting bed pad hospital 76x33x4 flex-a-bed, Hi-low bed with power head and foot elevation, latex mattress with massage:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual, Adjustable bed and Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Knee & Leg chapter, Durable medical equipment (DME).

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

**Decision rationale:** According to the ODG, it is not recommended to use firmness as sole criteria for a mattress. Studies demonstrate that a waterbed and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep, more positively than a hard mattress, but the differences were small. There is no documentation indicating that the patient requires special body positioning in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. There is no specific indication for the requested convoluting bed with special attachments. Medical necessity for the requested item is not established. The requested item is not medically necessary.