

Case Number:	CM16-0249724		
Date Assigned:	01/05/2017	Date of Injury:	10/25/2016
Decision Date:	02/07/2017	UR Denial Date:	12/07/2016
Priority:	Standard	Application Received:	12/29/2016

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This case involves a now 43-year-old male with a history of an occupational claim from 10/25/2016. The mechanism of injury is detailed as a crushing injury after being pinned between 2 trucks. The current diagnosis is documented as crushing injury. On 12/01/2016, the physician notes the patient was initially treated with nonoperative management and he required to be in the ICU with ventilator requirements due to crush to the chest. The patient had a crushing injury and thrombosis of his left kidney which eventually was found to have a left colon injury that was discovered when he had persistent fevers and CT scan showed a pericolic abscess. This was drained. However, after drainage, the patient's tube got clogged, and the JP, and separate drain was then replaced by [REDACTED] and apparently the drain was in the colon. The patient subsequently had a colon resection, and anastomosis, found that the drain was in the intralumen. The patient was doing well otherwise. The patient's main concern was inability to sleep. The patient was concerned about multiple areas of the drain in the mid abdomen staining the dressings, but indicates this was less now. The patient also complained of burning epigastric region, hungry sensation in his stomach, however, denied nausea, vomiting, diarrhea, constipation, fever, chills, headaches, or palpitations. The patient had a poor appetite, but does drink Ensure which gives him diarrhea. The patient reported increased anxiety at night time as well. Home health care note dated 12/12/2016 states wound care was completed. The patient tolerated well. The patient stated he was awaiting to hear when he can start outpatient physical therapy. The patient started passive range of motion exercises and walking in the home around 250 feet as exercise. A Request for Authorization was not provided. The original utilization

review dated 12/07/2016 modified the requested 3 in 1 commode, bath/shower chair, and standard wheel chair to a 1 month rental as independence in performing activities of daily living should be promoted and practiced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standard wheelchair for a 3 month rental was the original request. Standard wheelchair for a 1 month rental was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, standard wheelchair for a 2 month rental is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter Guidelines.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and it meets Medicare's definition of durable medical equipment. Based on the clinical notes submitted for review, the patient was recovering from a crushing injury dated 10/25/2016. Per the provider, the patient was recovering well from status post exploratory laparotomy with a colon resection. The patient was instructed to increase his diet, and take protein drinks. The clinical note does not address medical necessity for the durable medical equipment requested. Physical examination did not document the patient's current motor strength of the upper extremities/lower extremities. The home health care note does state the patient is able to perform passive range of motion exercises, and walk in the home around 250 feet. The patient is expected to start outpatient physical therapy. The patient was authorized a one month rental. Medical necessity for additional treatment is contingent upon re-assessment findings. Given the above, the request for standard wheelchair for a 2 month rental is not medically necessary.

Purchase of a bedside 3 in 1 commode was the original request. The Claims Administrator authorized a bedside 3 in 1 commode for 1 month, leaving the original request IMR eligible. The original request, purchase of a bedside 3 in 1 commode is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and it meets Medicare's definition of durable medical equipment. Based on the clinical notes submitted for review, the patient was recovering from a crushing injury dated 10/25/2016. Per the provider, the patient was recovering well from status post exploratory laparotomy with a colon resection. The patient was instructed to increase his diet, and take protein drinks. The clinical note does not address medical necessity for the durable medical equipment requested. Physical examination did not document the patient's current motor strength of the upper extremities/lower extremities. The home health care note does state the patient is able to perform passive range of motion exercises, and walk in the home around 250 feet. The patient is expected to start outpatient physical therapy. The patient was authorized a one month rental. Medical necessity for additional treatment is contingent upon re-assessment findings. Given the above, the request for purchase of a bedside 3 in 1 commode is not medically necessary.

Purchase of a bath/shower chair was the original request. The Claims Administrator authorized a bath/shower chair for 1 month, leaving the original request IMR eligible. The original request, purchase of a bath/shower chair is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and it meets Medicare's definition of durable medical equipment. Based on the clinical notes submitted for review, the patient was recovering from a crushing injury dated 10/25/2016. Per the provider, the patient was recovering well from status post exploratory laparotomy with a colon resection. The patient was instructed to increase his diet, and take protein drinks. The clinical note does not address medical necessity for the durable medical equipment requested. Physical examination did not document the patient's current motor strength of the upper extremities/lower extremities. The home health care note does state the patient is able to perform passive range of motion exercises, and walk in the home around 250 feet. The patient is expected to start outpatient physical therapy. The patient was authorized a one month rental. Medical necessity for additional treatment is contingent upon re-assessment findings. Given the above, the request for purchase of a bath/shower chair is not medically necessary.