MAXIMUS Federal Services

Case Number:	CM13-0012040		
Date Assigned:	03/17/2014	Date of Injury:	01/10/2012
Decision Date:	06/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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:

This is a 54-year-old male who had a fracture of the left ankle on 01/10/2012. He was treated with surgical fixation, and subsequently has been diagnosed with foot drop and Complex Regional Pain Syndrome. Treatment for the Complex Regional Pain Syndrome has included medications and acupuncture. He is currently reported to be wheelchair-bound, per some reports. He was using a walker at the time of his psychological evaluation on 1/8/13. The Neurology AME, on 11/8/13, noted the lack of an organic basis for lack of motor ability in the left foot. He stated that disuse and bracing promoted the development of Complex Regional Pain Syndrome, and strongly recommended measures to increase strength and motion rather than measures, which promoted disuse and disability. The primary treating physician has stated in his 4/24/13 report that there are "orthopedic complaints" in the lower extremities. The left foot drop is voluntary or related to surgery. Wheelchair ramps are recommended for the home. The 7/24/13 report has the same information and no further details. On 7/31/13 Utilization Review non-certified home wheelchair ramps, noting the lack of evidence that a wheelchair was required. Anthem policies were cited as evidence. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR RAMPS FOR HOME: 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 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 chapter, durable medical equipment

Decision rationale: The MTUS does not provide direction for home modifications. The Official Disability Guidelines has a relevant reference regarding "DME" and equipment used at home, including home modifications. The medical necessity for any home modifications or equipment to be used at home to help in treatment and accommodation of a medical condition is contingent upon the presence of a specific medical condition with specific deficits. In this case, the presence of such a condition does not appear to be present. The AME has stated that there is no neurological basis for specific functional deficits in the left lower extremity, and that measures should be taken to prevent further disuse and disability, including development of Complex Regional Pain Syndrome. The use of a wheelchair is therefore not medically necessary, and serves to promote a condition, which is not based on specific, organic pathology. The wheelchair appears to be counterproductive to functional restoration, per the AME. The treating physician has not provided evidence to the contrary. The Official Disability Guidelines citation states that durable medical equipment (DME) is "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. 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. The term 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; & (4) Is appropriate for use in a patient's home. (CMS, 2005)". The wheelchair ramps do not meet the criteria in this guideline because there is not a specific medical condition requiring the use of a wheelchair and any associated ramps.