MAXIMUS Federal Services

Case Number:	CM13-0018035		
Date Assigned:	09/30/2013	Date of Injury:	11/04/1994
Decision Date:	01/16/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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.

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 patient is a 67 year old female who reported an injury on 11/04/1994. The mechanism of injury was lifting. Her injuries resulted in a left shoulder arthroplasty, bilateral carpal tunnel releases, a right total knee arthroplasty, and lumbar and cervical fusions at unspecified locations. She has since experienced upper extremity weakness, numbness and pain. The patient uses a walker to assist in mobility

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient DME purchase of a lift chair, unspecified for home, vehicle, etc: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Power Mobility Devices

Decision rationale: The California MTUS/ACOEM guidelines did not address the issue of durable medical equipment, therefore, the Official Disability Guidelines were supplemented. ODG recommends these devices if there is a medical need, but states that environmental modifications are not considered primary in nature. The medical records did not indicate what type of lift chair was being requested. There is also no mention of this request in the latest clinical notes nor was there objective documentation to support the use of a lift. The notes state

that the patient is walking with a walker and has no evidence of atrophy in the upper or lower extremities. Without documentation that provides an indication for a specific chair, the medical necessity cannot be determined. Therefore, the request for a lift chair is non-certified.

A house call, unspecified who is to make the house call: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend medical home health services on a part time basis for those individuals who are homebound. Medical treatment does not include shopping, cleaning, or laundry. There is no documented evidence that the patient is homebound or that she needs assistance with any activities of daily living other than housekeeping, which is not included in covered services. Therefore, the request for a house call, unspecified, is non-certified.