

Case Number:	CM13-0025203		
Date Assigned:	12/11/2013	Date of Injury:	01/20/1978
Decision Date:	02/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and is licensed to practice in District of Columbia and Maryland. 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:

Claimant is an 82 year old male who sustained work related injury to his heart reported on 01/20/1978. His history was significant for chronic kidney disease, gout, anemia, diabetes mellitus type II, hypertension, congestive heart failure, chronic pain syndrome, coronary artery disease with a myocardial infarction in 1974, CABG in 1991, peripheral artery disease, ICD implantation, hyperlipidemia and obesity. His medications included Coreg, Plavix, Zolof, Sotalol, Aspirin, Nexium and Lasix. In January 2013, he was admitted to the hospital for syncope due to orthostatic hypotension with right ankle fracture. On 08/06/13 the treating provider noted subjective complaints of chronic knee pain with high fall risk, no chest pain or palpitations and edema with orthopnea. On examination he was found to have normal blood pressure. His diagnoses included CHF, CKD, fall risk, coronary artery disease and treatment plan included Lifeline alert device due to risk for falling due to cardiac condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifeline alert device: 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) (web: updated 6/7/13), Knee and Leg, Medicare - cms.gov., and Anthem UM Guidelines, Clinical Policy Bulletin #CG-DME- 10 7/1/13.

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.

Decision rationale: According to ODG, DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). According to Medicare guidelines telephone alert systems like lifeline alert systems are not covered as these are emergency communications systems and do not serve a diagnostic or therapeutic purpose. In this particular case, the lifeline device will help the claimant in the event of a fall, but will not be diagnostic or therapeutic which is the definition for a DME. Hence the medical necessity is not established