MAXIMUS Federal Services

Case Number:	CM13-0030536		
Date Assigned:	11/27/2013	Date of Injury:	01/30/2000
Decision Date:	02/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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, has a subspecialty in Interventional Spine 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 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. 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:

The patient is a 57 y.o. patient with date of injury of 01/30/2000. The UR determination being challenged is dated 09/12/2013 and recommends denial for a home elevator for purchase. According to report dated 08/12/2013 by [redacted], patient is status post failed right TKR with a revision surgery with custom components on 02/21/2013. Patient continues to complain of right shoulder, neck, lower back and bilateral knee pain. Examination revealed patellar joint, medial joint line and lateral joint line pain in both right and left knee. Patient demonstrated positive right/left patellofemoral compression and decreased ROM. SLR at 90 degrees bilaterally with complaints of pain and deep tendon reflexes 2+ bilaterally was noted. [redacted] reports that patient continues to have instability and weakness and the fact she lives in a two story home he requests an elevator, fitted walk in tub and additional post op PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home elevator purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." The patient is status post failed right TKR with a revision surgery with custom components with [redacted] (02/21/2013). Patient's PTP, [redacted], is recommending that patient's home be retrofitted with an elevator to alleviate patient's knee symptoms. The reports dated 08/12/2012, 07/01/2013, 06/05/13, and 04/15/2013 by [redacted] show that the recommendations are for the patient to be active by participating in home therapy including heel slides, bicycling and walking. This implicates that the patient is able to walk. None of the guidelines, including MTUS, ACOEM and ODG address "elevators" for homes. There are no evidence-based guidelines that discuss this issue. While an elevator would be nice to have, it is not considered a medical treatment. Recommendation is for denial.