MAXIMUS Federal Services

Case Number:	CM13-0032999		
Date Assigned:	12/06/2013	Date of Injury:	02/05/1998
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 New York. 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 76-year-old female who reported an injury on 02/05/1998. The mechanism of injury was not provided in the medical records. Her diagnoses include sciatica, lumbar spondylosis, and postlaminectomy syndrome. The objective findings state that the patient has an antalgic moderately assisted gait and walks with a cane. She has to have 1 person's assistance and use of her cane to get herself from sitting to standing. She has tenderness in the lumbar paraspinal muscles, decreased range of motion, mildly decreased motor strength in the right lower extremity noted as +4/5, and normal motor strength in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x6: 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 Aquatic Therapy Page(s): 22.

Decision rationale: It was noted that the patient reported previous aqua therapy helping with her mobility and low impact conditioning. Her previous therapy was noted to have been performed 2 to 3 years prior. The California MTUS Guidelines state that aquatic therapy is recommended

as an optional form of exercise therapy for patients when reduced weight bearing is desirable. The patient was shown to have some mild functional deficits on her physical examination; however, the specific need for reduced weight bearing was not documented in her office notes. Furthermore, it was not noted whether the patient has had any recent trials of land based physical therapy or home exercise which the patient has not been able to tolerate. In the absence of more detailed documentation regarding the patient's need for reduced weight bearing activity, the request is not supported.

Mechanical Chair Lift: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. A request was made for a mechanical chair lift as the patient has been noted to have trouble getting from a sitting position to a standing position due to back pain and deconditioning. However, as the chair lift does not serve a primarily medical purpose, it is not defined as durable medical equipment according to the guidelines. Additionally, the medical records provided do not specify whether the patient has been involved in any land based therapy or home exercise program designed to help her increase her strength and mobility, to be able to transfer more easily. As the requested medical equipment does not meet the criteria for durable medical equipment according to the guidelines, the request is not supported.