

<b>Case Number:</b>	CM13-0035722		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Illinois. 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 37-year-old male who reported an injury on 11/05/2008. The patient is currently diagnosed as status post right subtalar ankle joint injury, status post attempted subtalar fusion in the right ankle, sprain and strain of the right wrist, sprain and strain of the left wrist, right hip greater trochanteric bursitis, complex regional pain syndrome, depression, and internal derangement of the left knee. The patient was seen by [REDACTED] on 08/19/2013. Physical examination revealed diminished grip strength, swelling about the bilateral hands, patchy loss of body hair over the left forearm region, and ability to make a fist with both hands. Treatment recommendations included MRI of the left knee, a triple phase bone scan of the bilateral upper and lower limbs, occupational and physical therapy, ongoing psychiatric treatment, and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

**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 Chapter, Durable Medical Equipment

**Decision rationale:** Official Disability Guidelines state durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, is used by successive patients, and is primarily and customarily used to serve a medical purpose. Durable medical equipment should be appropriate for use in the patient's home and is generally not useful to a person in the absence of illness or injury. As per the clinical notes submitted, the patient does present to the provider in a wheelchair, due to increased lower extremity pain following spinal cord stimulator removal. Official Disability Guidelines further state medical conditions that result in physical limitations for patients may require patient education and modification to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified