

Case Number:	CM13-0040418		
Date Assigned:	12/20/2013	Date of Injury:	11/03/2005
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois 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. 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 70-year-old female who reported an injury on 11/03/2005. Initial treatment was unclear; however, the patient's injuries resulted in a vertebroplasty at L1 on an unknown date, posterior dynamic stabilization with pedicle screws at L2-5 on an unknown date, chronic pulmonary failure with diaphragmatic paralysis secondary to anesthesia, diabetes, and gastroparesis. The patient continues to present to the clinic with complaints of lower back pain, and is being seen for her chronic cardiac and pulmonary illnesses. The patient is noted to be wheelchair bound, and has become increasingly weak due to significant weight loss and deconditioning. She does not currently have a handicap accessible entrance into her home, and was previously certified for the building of a ramp; however, after contractors assessed the front entrance, it was determined that a ramp would be too steep and therefore, too dangerous and difficult, for the patient to manipulate and the plans fell through. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outdoor chair lift for the wheelchair for the low back.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The California MTUS/ACOEM Guidelines did not specifically address the need for durable medical equipment; therefore, the Official Disability Guidelines were supplemented. The ODG recommends DME if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable Medical Equipment is defined as that which can withstand repeated use, equipment that is primarily and customarily used to serve a medical purpose, equipment that is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The current request for an outdoor chair lift meets the Medicare guidelines of durable medical equipment; it can withstand repeated use, is used to serve a medical purpose, and is not useful to a person in the absence of illness or injury, as well as being appropriate for use in the patient's home. The clinical notes submitted for review consistently detail the patient's increasing debility and lack of independence; she has been wheelchair-dependent for approximately 1 year. As guideline recommendations have been met, the request for outdoor chair lift for the wheelchair for the low back is certified.