

Case Number:	CM13-0046194		
Date Assigned:	12/27/2013	Date of Injury:	08/06/1998
Decision Date:	02/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 65 year old female with date of injury 08/06/98. Patient has diagnosis of lumbosacral sprain/strain. According to report dated 10/09/13 by [REDACTED], patient complains of aching, stabbing, burning and throbbing pain of lumbar spine and knee symptoms. She rates her pain 4/10 and at its worst level 6/10. Patient states that reaching up or out, twisting or turning, grasping, lifting, carrying, repetitive movement aggravates her symptoms. Physical examination shows tenderness to palpation of the mid trapezius and the paravertebral musculature bilaterally. Extension and rotation to either side cause left junctional discomfort. There is numbing and tingling sensation experienced in the anterior chest wall with lateral rotation of the cervical spine. Right knee presents with medial joint line tenderness. Range of motion: F 132° to full extension. Gait is with a limp on the right. The treater is requesting an elevator to help the patient negotiate the stairs

IMR ISSUES, DECISIONS AND RATIONALES

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

Elevator in front of house: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) on power mobility device.

Decision rationale: The patient suffers from chronic back pain with leg symptoms. The treater is requesting an elevator to help the patient negotiate the stairs. None of the guidelines including MTUS, ACOEM and ODG discuss elevators. The patient, as described by the treater is mobile, able to walk, has good strength in all four extremities. The treater is requesting that an elevator be fitted into this patient's house for what appears to be a comfort measure. ODG guidelines under "power mobility device" do not recommend this if the patient has sufficient upper extremity function, and if cane or walker would work. Recommendation is for denial. The request is not medically sound and is not a medical treatment.