

Case Number:	CM13-0057664		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2005
Decision Date:	03/27/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pain Management 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:

This is a patient with a date of injury of 11/3/05. A utilization review determination dated 11/13/13 recommends non-certification of wheel chair accessory seat lift mechanism. 10/31/13 progress report notes that the patient has multiple medical issues and is wheelchair bound. The provider notes a need for an outdoor chair lift as she lives in a 3-story house and the outdoor steps are too steep for a ramp and, in case of emergency, her only option is to go to the sliding door at the back. The patient said that it will take so long to get out of the house that likely she would die from smoke inhalation or from being burnt without a proper exit strategy. The provider also noted that he thinks the best way to handle this is to have an RN evaluate her home for this safety issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair accessory, seat lift mechanism, outdoor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Regarding the request for wheelchair accessory, seat lift mechanism, California MTUS and ODG do not specifically address the issue, although ODG notes that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, and that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Within the documentation available for review, there is documentation that the patient has multiple medical issues and is wheelchair bound. The provider notes a need for an outdoor chair lift as she lives in a 3-story house and the outdoor steps are too steep for a ramp and, in case of emergency, her only option is to go to the sliding door at the back. The patient expressed concern that it will take so long to get out of the house that she would die from smoke inhalation or from being burnt without a proper exit strategy. The provider also noted that he thinks the best way to handle this is to have an RN evaluate her home for this safety issue. It does appear that a home evaluation would be more appropriate at this point to identify safety issues that need to be addressed and recommend appropriate measures to address them rather than provide devices that may or may not best accomplish the goal of safety. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested wheelchair accessory, seat lift mechanism is not medically necessary.