

Case Number:	CM13-0072565		
Date Assigned:	01/08/2014	Date of Injury:	02/23/2006
Decision Date:	07/18/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 56 year old female who was injured on 02/23/2006. She lost consciousness and fell. She regained consciousness in the hospital. Upon regaining consciousness, the patient had pain in her right leg from her hip down to her knee. Prior treatment history has included ice and heat, medications, injections, and a walker. The patient underwent partial knee replacement surgery in 2008; total knee replacement in 2009; and two manipulations of her right knee under anesthesia. Diagnostic studies reviewed include x-rays of the right knee and tibia shows no loss of stability of the right knee prosthesis. Orthopedic re-examination report dated 08/29/2013 reports the patient is doing poorly, with instability of her right knee. She states that her right knee gave out on her, causing her to sustain a twisting injury to her left ankle. She complains of marked pain and swelling of her left ankle. On exam, she has tenderness about her right knee with loss of motion. Diagnosis is status post right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS guidelines do not address the issue in dispute. According to the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The medical records do not establish the request meets the criteria for DME. According to the guidelines, 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. Furthermore, the medical records do not document examination findings consistent with severe/significant functional deficits and/or extenuating circumstances that establish the necessity of the requested equipment. The medical necessity of this equipment is not established.

HANDICAP BATHTUB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 and leg, Durable medical equipment (DME), Bathtub seats.

Decision rationale: The California MTUS guidelines do not address the issue in dispute. According to the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The medical records do not establish the request meets the criteria for DME. The ODG states bathtub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. Furthermore, the medical records do not document examination findings consistent with severe/significant functional deficits and/or extenuating circumstances that establish the necessity of the requested equipment. The medical necessity of this equipment is not established.

HANDRAILS FOR THE BATHROOM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 and leg, Durable medical equipment (DME), Bathtub seats.

Decision rationale: The California MTUS guidelines do not address the issue in dispute. According to the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which has not been met in this case. More specifically, the guidelines state that most bathroom supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Furthermore, the medical records do not document examination findings consistent with severe/significant functional deficits and/or extenuating circumstances that establish the necessity of the requested equipment. The medical necessity of this equipment is not established.

MEMBERSHIP AT [REDACTED] - RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Low back; Gym Memberships.

Decision rationale: The patient is several years status post right knee TKA. At this juncture, it is reasonable that the patient should be well versed in a self-directed home exercise program. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. According to the ODG, gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. The guidelines support that with unsupervised programs, such as with gym memberships, health clubs or swimming pools, there is no information flow back to the provider, so that changes in the prescription can be made if needed, and there may be risk of further injury to the patient. Access to memberships to gyms and health clubs and the like, are not generally considered medical treatment. The medical necessity for membership to [REDACTED] is not established.