

Case Number:	CM14-0009964		
Date Assigned:	02/21/2014	Date of Injury:	10/22/2010
Decision Date:	11/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Rehabilitation & Pain Management 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 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 57 year old female with date of injury 10/22/10. The treating physician hand written report dated 12/16/13 indicates that the patient has constant pain affecting the right shoulder, wrist, bilateral knee pain and left ankle pain. The physical examination findings reveal tenderness of the right shoulder, bilateral knees, left ankle and decreased painful ranges of motion. The current diagnoses are: 1.Right shoulder contusion 2.Right wrist s/s 3.Right knee arthritis 4.Right elbow s/s 5.Bilateral knee s/s 6.Status post left ankle fracture The utilization review report dated 1/13/14 denied the request for SRE-2010 Electric-Ride Elite straight Rail stair lift system based on the ODG guidelines for durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SRE-2010 ELECTRIC-RIDE ELITE STRAIGHT RAIL STAIR LIFT SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, KNEE AND LEG, DURABLE MEDICAL EQUIPMENT (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Knee & Leg Chapter: Durable Medical Equipment

Decision rationale: The patient presents with right shoulder, wrist, bilateral knee pain and left ankle pain status post left ankle fracture. The current request is for an SRE-2010 Electric-Ride Elite Straight Rail stair lift system. The treating physician report dated 12/16/13 states, "Request for stairlift." There is no documentation in this report of ambulatory issues. The utilization review report dated 1/13/14 states that the treating physician submitted a report dated 12/16/13 stating that the patient is unable to walk up stairs and she has 10 steps on the first to second floor at home. A functional capacity evaluation performed on 7/3/12 concluded that the patient had a semi-sedentary work capacity and could occasionally walk to tolerance or perform static or dynamic standing to tolerance. The MTUS guidelines do not address stair lift systems. The ODG guidelines support the usage of durable medical equipment (DME) when there is a medical need for a device or system and it meets Medicare's definition of DME. In this case the treating physician has provided no information in the hand written report dated 12/16/13 to indicate that the patient is unable to walk up or down stairs. There is no information submitted to indicate if a walking aid such as a cane has been utilized to assist the patient with any ambulatory issues and there is no documentation of specific decrease in ranges of motion limiting stair climbing and there are no strength measurements to indicate that the patient cannot raise her leg up one step. Based on the lack of documentation to support the medical necessity of an electric stair lift system, the request is not medically necessary.