

Case Number:	CM14-0109057		
Date Assigned:	09/16/2014	Date of Injury:	08/28/2013
Decision Date:	12/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 65-year-old female with an 8/28/2013 date of injury. The exact mechanism of the original injury was not clearly described. A Physical Therapy (PT) progress report dated 7/1/14 noted subjective complaints of low back pain and right knee pain. Objective findings included patient needing verbal cues to increased right stride length and for heel strike. Diagnostic Impression: right knee tricompartmental osteoarthritis s/p total knee resurfacing arthroplasty. Treatment to Date: physical therapy, medication management, and knee surgery. A Utilization Review (UR) decision dated 7/8/14 denied the request for bilateral rails with 3 step stairs at home. The claimant is nearly two months status post total knee replacement. The claimant is weight bearing as tolerated and lives with a grandson at home. The request is bilateral rails with three step stairs at home. However, the claimant's home situation is not detailed. Furthermore, the claimant functional status during stair negotiation is not outlined. Therefore, medical necessity is not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL RAILS WITH 3 STEPS STAIRS AT HOME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BLUE CROSS OF CALIFORNIA MEDICAL POLICY CG- DME

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 Chapter - Durable medical equipment

Decision rationale: CA MTUS does not address this issue. ODG states, regarding durable medical equipment, that it is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. This patient who is s/p right knee arthroplasty may indeed benefit from bilateral rail installation. However, this type of environmental modification is not considered primarily medical in nature. Therefore, the request for bilateral rails with 3 steps stairs at home was not medically necessary.