

Case Number:	CM14-0145320		
Date Assigned:	09/12/2014	Date of Injury:	05/16/1986
Decision Date:	12/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 5/16/86. A utilization review determination dated 9/2/14 recommends non-certification of a lift chair, water therapy, and a chore worker. 8/22/14 medical report identifies chronic bilateral knee pain due to advanced arthritis in both knees. Pain is aggravated by standing and walking even short distances. Left knee is 8/10 and right knee is 7/10. She is using a 4-wheeled seated walker. She continues to participate in a regular pool therapy class 3-4 times a week. She also has back pain. She needs to lose another 30-35 pounds before she will be a better candidate for total knee arthroplasty. She is having significant difficulty getting out of a chair due to her arthritis, her weight, and her overall conditioning, and she requested that the provider write a prescription for a lift chair. She is not capable of doing her housework and needs a chore worker to help 4-5 hours per week with house work. On exam, she is 5'4", 261 pounds, valgus alignment of the right knee and varus alignment of the left knee, 20 degree flexion contracture on the left and can flex no more than 90 degrees. On the right, she lacks 10-15 degrees of extension and can flex no more than 90 degrees. Quadriceps strength is 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift Chair: 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) -TWC Treatment: Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

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 Chapter, Durable Medical Equipment (DME).

Decision rationale: Regarding the request for a lift chair, California MTUS does not address the issue. ODG notes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. Within the documentation available for review, there is documentation that the patient is having significant difficulty getting out of a chair due to her arthritis, her weight, and her overall conditioning. She uses a walker and her quadriceps strength is noted to be 4/5. There is no notation of supporting documentation such as a home evaluation to identify the patient's current social support network and which devices (if any) are needed for safety in the home, including a recommendation that this device is the most appropriate to address the patient's needs. In light of the above issues, the request for Lift Chair is not medically necessary.

Pool Therapy for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Regarding the request for pool therapy, Chronic Pain Treatment Guidelines support up to 10 sessions as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, the patient is morbidly obese and has been attending pool therapy sessions for some time, but there is no documentation of objective improvement from prior sessions to support the ongoing use of this form of treatment. Furthermore, a request for treatment without any specified duration and/or amount of sessions is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request for Pool Therapy is not medically necessary.

Chore worker 4-5 hours a week: 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) -TWC Treatment: Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Regarding the request for chore worker, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to homemaker services. In the absence of such documentation, the request for Chore Worker is not medically necessary.