

Case Number:	CM14-0157819		
Date Assigned:	10/01/2014	Date of Injury:	01/02/2012
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 51 year old female with date of injury of 1/2/2012. A review of the medical records indicate that the patient is undergoing treatment for knee osteoarthritis, patella chondromalacia, and left knee ACL tear. Subjective complaints include continued pain in her left knee and difficulty walking. Objective findings include limited range of motion of the left knee with pain upon palpation of the anterior face; visible deformity. Treatment has included a knee brace and Wellbutrin, Soma, gabapentin, Soma, Celebrex, and Norco. The utilization review dated 9/5/2014 non-certified a walker on wheels, a 3-1 commode, and a passive motion machine rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Walker with Wheels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Knee & 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, Durable Medical Equipment (DME) and Exercise Equipment; continuous passive motion Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a walker on wheels. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. ODG states the following for a walker on wheels: "For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:(a) complex regional pain syndrome.(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy.(2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies." The employee had left knee surgery in 2012, so she is past the 17 day mark for home use of a walker on wheels. There is no specific medical documentation addressing her need for a walker with wheels. Therefore, the request for a walker with wheels is not medically necessary.

1 Three-In-One Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Knee & 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, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of three-in-one commode. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. A 3-1 commode does meet the criteria for Medicare DME, but there is no medical documentation specifying the functional capability deficit that the employee has which prevents her from using her home toilet. There is no documentation that she has trouble ambulating in her house to the point of not being able to reach her own bathroom. Therefore, the request for a 3-1 commode is not medically necessary.

21 Day Rental Continuous Passive Motion Machine Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Knee & 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, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a continuous passive motion machine. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason, not usually useful to someone who isn't sick or injured appropriate to be used in your home. A continuous passive motion machine does meet the criteria for DME. Furthermore, regarding such devices, ODG state that, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." However, there is no medical documentation of a plan for home exercise and what the functional defects are and what the goals are to be achieved with such a plan. Therefore, the request for a continuous passive motion machine is not medically necessary.