

Case Number:	CM14-0177232		
Date Assigned:	10/30/2014	Date of Injury:	09/17/2011
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This case is a 45 year old female with a date of injury on 9/17/2001. A review of the medical records indicates that the patient has been undergoing treatment for foot pain and reflex sympathetic dystrophy of lower limb. Subjective complaints (9/9/2014, 10/10/2014) include bilateral foot pain, hypersensitive to plantar surfaces, and 8-9/10 pain scale. Objective findings (9/9/2014, 10/10/2014) include antalgic gait, pain to light touch over lateral foot. Treatment has included acupuncture and medications. A utilization review dated 10/20/2014 non-certified a request for Durable Medical Equipment Purchase of a Stair Elevator for The Bilateral Feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Purchase of A Stair Elevator for The Bilateral Feet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of stair elevator. 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". 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, and appropriate to be used in your home. Stair elevators meet the criteria for durability and home use per Medicare classification. However, stair elevators are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, stair elevators are not classified as durable medical equipment and are not recommended per guidelines. As such, the request for Durable Medical Equipment Purchase of a Stair Elevator for the Bilateral Feet is not medically necessary. However, stair elevators are used by people we aren't sick or injured and not considered primarily used for 'medical reasons'. In this case, stair elevators are not classified as durable medical equipment and are not recommended per guidelines. As such, the request for Durable Medical Equipment Purchase of A Stair Elevator for The Bilateral Feet is not medically necessary.