

Case Number:	CM14-0021756		
Date Assigned:	03/07/2014	Date of Injury:	01/20/2011
Decision Date:	07/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/10/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female with a reported injury on 01/20/2011. The mechanism of injury was not provided within the clinical documentation. The clinical note dated 11/21/2013 reported that the injured worker complained of pain to the back of his legs and knees. The physical examination was not provided within the clinical note. It was reported that the injured worker utilized a rolling, seated walker for ambulation. The injured worker's diagnoses included chronic pain, depression, unspecified third degree burn, skin sensation disturbance and depressed-type psychosis. The provider requested an assistive device for stairs; the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 01/07/2014. The injured worker's prior treatments included aqua therapy. The dates and the amount of sessions of aqua therapy were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTIVE DEVICE FOR STAIRS: 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 & LEG, DURABLE MEDICAL EQUIPMENT (DME).

Decision rationale: The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. There is a lack of clinical information indicating the treating physician's rationale for an assistive device for stairs. The specific durable medical equipment (DME) was not provided within the clinical notes. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits requiring an assistive device for the stairs was not provided. Given the information provided, there is insufficient evidence to determine the appropriateness of the request which is determined to be not medically necessary.