

Case Number:	CM14-0030457		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2003
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Nevada. 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 employee is a 64-year-old female injured on February 24, 2003. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of neck pain, low back pain and leg pain. There is a history of an L1 burst fracture in the subsequent fusion. There is also a history of paraparesis, neurogenic bladder and bowel, chronic pain, obesity, hypertension and dyslipidemia. Home health visits have been used to assist the injured employee. Ambulation is performed with the assistance of a front wheeled walker and a power chair. A request had been made for a stair glide and was denied in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a stair glide to upstairs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Chronic Pain: pg 51, Web Edition.

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 (Acute & Chronic), Power mobility devices, updated June 5, 2014.

Decision rationale: According to the previous utilization management review, dated February 11, 2014, the previous request for a stair glide was noncertified in lieu of a downstairs bathroom renovation for accessibility. It is unclear in the clinical notes why additional power mobility equipment is therefore needed for the interior of the home. This request for a stair glide is not medically necessary.