

Case Number:	CM14-0033649		
Date Assigned:	06/20/2014	Date of Injury:	10/27/2005
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation 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:

The injured worker is a 36-year-old female who reported an injury on 10/27/2005. The diagnosis included complex regional pain syndrome. Previous treatments included medication and injections. The clinical note dated 02/12/2014 reported the injured worker complained of pain in multiple areas now including the right knee. She complained of stomach discomfort and loss of 100 pounds in less than 1 year. On the physical examination, the provider noted the injured worker uses a walker and had multiple areas of discomfort. The provider recommended changes to the injured worker's home ramp and car for hydraulic chair lift, internal medicine consult due to loss of weight, and referral to pain management. The provider requested for durable medical equipment; however, rationale was not provided for clinical review. The request for authorization was submitted and dated on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment.

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 request for durable medical equipment is not medically necessary. The injured worker complained of pain in multiple areas now including the right knee. She complained of stomach discomfort and loss of 100 pounds in less than 1 year. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that result in a physical limitation for patients may require patients' education and modifications to a home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Many assistive devices such as electric garage door openers, microwave ovens, golf carts, or design for fully mobile, independent adults and Medicare does not cover most of these items. Guidelines note power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. The guidelines note durable medical equipment criteria include can withstand repeated use, can 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, and is appropriate for use in the patient's home. There was a lack of significant objective findings indicating the injured worker is unable to sufficiently utilize a cane or walker. There is a lack of significant objective findings indicating the injured worker does not have sufficient upper extremity function to propel a manual wheelchair. Additionally, the request submitted failed to specify the specific durable medical equipment the provider is requesting. Therefore, the request for durable medical equipment is not medically necessary.