MAXIMUS Federal Services

Case Number:	CM14-0065800		
Date Assigned:	07/11/2014	Date of Injury:	12/30/2003
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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:

According to the records made available for review, this is a 49-year-old male with a 12/30/03 date of injury. At the time (4/7/14) of request for authorization for Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle, the need for a new vehicle and assessment of transportation issues and Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle, the need for a new lift and assessment of transportation issues, there is documentation of subjective (persistent bilateral knee pain) and objective (bilateral tenderness over the knees and decreased range of motion of the hamstring and quadriceps) findings, current diagnoses (pain in joint (lower leg) and bilateral knee osteoarthritis), and treatment to date (medications, topical analgesics, and physical therapy). Regarding the need for assistive devices in bathroom and in vehicle, and the need for a new vehicle, there is no documentation that the patient requires recommended medical treatment and the patient is homebound on a part-time or intermittent basis; requested durable medical equipment (DME) can withstand repeated use and is primarily and customarily used to serve a medical purpose; and more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results. Regarding the need for a new lift, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle. The need for a new vehicle and assessment of transportation issues.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME)Anthem Clinical UM Guideline (CG-DME-10).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies that durable medical equipment is considered medically necessary when it is not more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease. Medical Treatment Guidelines additionally identify that durable medical equipment is not considered medically necessary when the item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (e.g., customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.). Within the medical information available for review, there is documentation of diagnoses of pain in joint (lower leg) and bilateral knee osteoarthritis. However, there is no documentation that the patient requires recommended medical treatment and the patient is homebound on a part-time or intermittent basis. In addition, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use and is primarily and customarily used to serve a medical purpose. Furthermore, there is no documentation that durable medical equipment is not more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results. Therefore, based on guidelines and a review of the evidence, the request for Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle, the need for a new vehicle and assessment of transportation issues is not medically necessary.

Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle. The need for a new lift and assessment of transportation issues.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested. Within the medical information available for review, there is documentation of diagnoses of pain in joint (lower leg) and bilateral knee osteoarthritis. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Home assessment for functional needs; assessment for the need for assistive devices in his bathroom and vehicle, the need for a new vehicle and assessment of transportation issues is not medically necessary.