

Case Number:	CM14-0066585		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	08/27/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 58-year-old female who reported an injury on 01/31/2003 due to a fall. The injured worker was diagnosed with fibromyalgia, status post open fracture and dislocation to the left ankle with subsequent open reduction and internal fixation, removal of hardware with elements of sural nerve entrapment and complex regional pain syndrome, cervical spine pain, thoracic spine pain, lumbar spine pain, right and left shoulder pain, right and left elbow pain, right and left hip and bilateral lower extremity pain, right ankle and foot strain, and left lower extremity chronic regional pain syndrome. The injured worker underwent open reduction and internal fixation of the left ankle on 02/01/2003. Prior treatments included physical therapy, aquatic therapy, and acupuncture. Prior diagnostic studies include X-Rays of the left ankle MRIs of the left ankle. Within the clinical note dated 01/31/2014, the provider indicated the injured worker had low back pain rated 6/10. The provider indicated physical therapy was cancelled due to pain. The clinical note dated 06/11/2014 noted the injured worker had pain to multiple sites in the upper and lower extremities. The injured worker had diminished sensation to the left mid-anterior thigh, left mid-lateral calf, and left lateral ankle. The request for treatment dated 06/11/2014 noted the provider's treatment plan included recommendations for stair lifts, an elevator, and a shower chair with back, therapy, and acupuncture. The injured worker was prescribed Hydrocodone. The requesting physician's rationale for the request is not indicated within the provided documentation. The Request for Authorization form was signed on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stair Lifts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medicaremd.com/coverage_noncovered_equipment.asp.

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.

Decision rationale: The request for Stair Lifts is not medically necessary. The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and if the device or system meets the definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term durable medical equipment 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, and is appropriate for use in a patient's home. Within the provided documentation the physician did not include a recent, adequate, and complete assessment of the injured worker's condition in order to demonstrate the injured worker has significant functional limitations for which a stair lift would be indicated. The Stair Lift has not been documented to serve a medical purpose. Additionally, the guidelines note environmental modifications are considered not primarily medical in nature. As such, the request is not medically necessary.

Elevator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medicaremd.com/coverage_noncovered_equipment.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg and Knee, Durable Medical Equipment.

Decision rationale: The request for Elevator is not medically necessary. The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and if the device or system meets the definition of durable medical equipment. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term durable medical equipment 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, and is appropriate for use in a patient's

home. Within the provided documentation the physician did not include a recent, adequate, and complete assessment of the injured worker's condition in order to demonstrate the injured worker has significant functional limitations for which an elevator would be indicated. The elevator has not been documented to serve a medical purpose. An elevator does not meet the definition of durable medical equipment as it would be useful to individuals in the absence of injury or illness. Additionally, the guidelines note environmental modifications are considered not primarily medical in nature. As such, the request is not medically necessary.