

Case Number:	CM14-0074014		
Date Assigned:	07/16/2014	Date of Injury:	03/13/2003
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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 Internal 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:

Patient is an injured worker with right leg above knee amputation and left knee osteoarthritis. Date of injury was 03-13-2003. Orthopedic reevaluation report dated April 24, 2014 documented a reevaluation of the patient in reference to her right leg above knee amputation and left knee osteoarthritis. Subjective complaints were documented. He returns back for assessment regarding the appropriateness of both a home safety evaluation as well as the use of an auto lift for his existing electrical scooter. He states his left knee is doing reasonably well. He states occasionally it is sore, but today it is minimally painful. He states the wheelchair is scheduled to be replaced noting the right armrest had been lost and it needs a lot of needs repair. He states he uses the electrical scooter when going distances. He states his home has adequate ramping in the garage and assist lift bars in the restroom. The question exists as to the safety getting in and out of the house as well as shower benching. For that reason request had been made for assessment of the home safety environment. Objective findings were documented. Left knee motion is 0 to 130 degrees. There is no effusion or warmth. Skin is intact. There is minimal tenderness about the left knee at this time. The right AK above knee amputation remains in place. Treatment plan included a request for an auto lift for the electrical scooter he already has in his possession. A safety evaluation to evaluate the environment in the home was requested. He will be seen for this problem otherwise on an as needed basis. Utilization review determination date was 05-06-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One auto lift for electrical scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page(s): 99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or 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. Orthopedic reevaluation report dated April 24, 2014 documented that the patient stated that his left knee is doing reasonably well and is minimally painful. He states the wheelchair is scheduled to be replaced noting the right armrest had been lost and it needs a lot of needs repair. No upper extremity functional impairments were documented. The medical records indicate that the patient has sufficient upper extremity function to propel a manual wheelchair. MTUS guidelines state that if the patient has sufficient upper extremity function to propel a manual wheelchair, power mobility devices are not recommended. Because power mobility devices are not recommended, the request for an auto lift for the patient's electrical scooter cannot be supported. MTUS guidelines and medical do not support the medical necessity of an auto lift for an electrical scooter. Therefore, the request for one auto lift for electrical scooter is not medically necessary.

One safety evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Home health services are recommended only for medical treatment. Orthopedic reevaluation report dated April 24, 2014 documented a reevaluation of the patient in reference to her right leg above knee amputation and left knee osteoarthritis. He returned back for assessment regarding the appropriateness of both a home safety evaluation. He states his left knee was doing reasonably well and was minimally painful. He states the wheelchair is scheduled to be replaced because it needs repair. He states he uses the electrical scooter when going distances. He states his home has adequate ramping in the garage and assist lift bars in the restroom. A safety evaluation to evaluate the environment in the home was requested. No home hazards were documented. Medical records indicate that the patient is not homebound. The patient is not confined to his home. A safety evaluation to evaluate the environment in the home is a home health service.

Because the patient is not homebound, a home safety evaluation is not supported by MTUS guidelines. Therefore, the request for One safety evaluation is not medically necessary.