

Case Number:	CM14-0082200		
Date Assigned:	07/21/2014	Date of Injury:	03/24/1995
Decision Date:	09/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 72-year-old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of 03/24/1995. Medical records from 10/31/2013 to 07/21/2014 were reviewed and showed that patient needed a prescription for ramp to help lower the wheelchair from the newly bought car. Physical examination revealed patient was well-nourished and not in distress. There were no rashes, lesions, head deformities, clubbing, cyanosis, or edema noted. Treatment to date has included cervical epidural steroid injection (date not made available), electric wheelchair, and pain medications. Utilization review dated 05/27/2014 denied the request for wheelchair ramp because there was no clear submitted documentation as to why a wheelchair ramp is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheel Chair Ramp: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee & leg (updated 03/31/14 Durable Medical Equipment (DME)<http://www.ncbi.nlm.nih.gov/pubmed/2630553> 1989 Apr-Jun; 11 (2): 69-70.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, 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. In this case, the ramp was needed to help lower the wheelchair from the new car the patient bought. However, there was no indication that the patient required the use of a wheelchair and was unable to ambulate. As such, there was no documented evidence as to why a wheelchair ramp would be indicated. Therefore, the request for wheelchair ramp is not medically necessary.