

Case Number:	CM14-0086436		
Date Assigned:	07/23/2014	Date of Injury:	11/15/1999
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopaedic Surgery 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:

This 75-year-old male sustained an industrial injury on 11/15/99. The mechanism of injury was not documented. He was status post right knee total knee arthroplasty in 2003 and right knee revision replacement on 2/26/07. The 2/21/14 bilateral knee x-ray impression documented prior right total knee arthroplasty with patellar resurfacing. There was no evidence of hardware complication and alignment was normal. There was marked heterotrophic ossification, particularly in the medial compartment. There were left knee degenerative changes with small tri-compartmental osteophyte formation. Joint spaces were preserved. Medial and lateral compartment chondrocalcinosis was identified. The 4/16/14 occupational therapy home evaluation report indicated the patient lived at home with his wife and had multiple flights of stairs throughout the house. The goal was to assess the patient's limitations, bathroom set-up and bathroom equipment needs. Upper and lower extremity strength was within functional limits with pain noted due to arthritic changes in the hands. There was left knee edema over the medial aspect of the knee. Left knee range of motion was -15 to 85 degrees with pain. Equipment recommendations were made for a 36-inch reacher, plastic molded sock aid, open front commode, and walk-in bathtub. The occupational therapist opined that the patient did not currently need a stair lift but he may need one as he ages and becomes less safe on the stairs. A 5/16/14 treatment request was submitted by the treating physician for a stair lift relative to a diagnosis of painful total knee replacement. The 5/27/14 utilization review denied the request for a stair lift as there was no documentation of medical need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stairlift for bilateral knees, per 5/16/14 request: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (Acute & Chronic): Walking aids; Power mobility devices (PMD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME), Power mobility devices (PMDs).

Decision rationale: The California MTUS does not provide recommendations for this type of equipment. The Official Disability Guidelines indicate that medical conditions that result in physical limitations for patients may require modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In general, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by a walking aide or help from a caregiver. Guideline criteria have not been met. There is no current documentation of medical necessity to support the purchase of a stair lift for this patient at this time. The occupational therapist indicated that there was not a current need. The request was not accompanied by additional information. Therefore, this request for a stair lift for the bilateral knees, per the 5/16/14 request, is not medically necessary.