

Case Number:	CM14-0190145		
Date Assigned:	11/21/2014	Date of Injury:	04/20/2010
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 52 year old female with an injury date on 04/20/2010. Based on the 10/20/2014 progress report provided by the treating physician, the diagnosis is: 1. Status post removal of infected prosthesis. (10/16/2014). According to this report, the patient status post removal of infected prosthetic right knee with complains of "not have clear understanding of what things were going to be like once the prosthetic was removed while awaiting to treat the whole area with intravenous antibiotics." Per treating physician, the patient states "cannot reach, has trouble doing simple things, I am putting the knee immobilizer on." Physical exam findings were not included in this report and 10/08/2014 report. The 10/06/2014 report mentions "There is no evidence of cyanosis or edema. Peripheral pulses are intact" in the extremities. There were no other significant findings noted on this report. The utilization review denied the request for Grabber for purchase, Hospital bed with controls for 3 months rental, and Wheelchair with leg outrigger for purchase on 10/27/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 04/25/2014 to 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grabber for purchase: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter online for DME

Decision rationale: According to the 10/20/2014 report, this patient is 4 day status post removal of infected prosthetic right knee. Per this report, the current request is for Grabber for purchase "a device that used with handheld and allows one to pick up things off the floor." Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Grabber for purchase does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. The request is not medically necessary.

Hospital bed with controls for 3 months rental: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines has the following regarding the use of hospital bed

Decision rationale: According to the 10/20/2014 report, this patient is 4 day status post removal of infected prosthetic right knee. Per this report, the current request is for Hospital bed with controls for 3 months rental "that allows her to raise and lowers so she can get in and out of bed." Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. In reviewing of the report, the treating physician did not documented that the patient meets the criteria as required by the guidelines for a hospital bed. The request is not medically necessary.

Wheelchair with left outrigger for purchase: 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

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

Decision rationale: According to the 10/20/2014 report, this patient is 4 day status post removal of infected prosthetic right knee. Per this report, the current request is for Wheelchair with leg outrigger for purchase but the treating physician's report containing the request is not included in the file. " ODG guidelines under Knee chapter, supports the use of a manual wheelchair if prescribed by the treating physician. ODG does not go into any criteria or indications for medical necessity of a manual wheelchair. Review of report shows documentation of patient having difficulty with walking but no documentation regarding patient's mobility at home. AETNA guidelines deem a manual wheelchair medically necessary when the patient is unable to perform mobility-related ADL's at home. In this case, there is no documentation that the patient has difficulty handling mobility-related ADL's at home. The request is not medically necessary.