

Case Number:	CM15-0149024		
Date Assigned:	08/12/2015	Date of Injury:	09/05/1995
Decision Date:	09/15/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 52-year-old male, who sustained an industrial injury on 9-5-95. The documentation noted on June 26, 2015, the injured worker suffered a T6 spinal cord injury in 1995 and has developed wounds to both right and left hip. The documentation noted that the injured worker has continued drainage from both right and left hip wounds despite wound care and continued IV antibiotics. The documentation noted that the injured workers most recent culture was with Methicillin-resistant staphylococcus aureus (MRSA). The documentation noted that the injured workers wound has healed There is a need for continued off loading and inspection for signs of new wounds. On examination, there is no wound swelling, redness, induration, and wound was closed. The diagnoses have included non-healing surgical wound; mechanical complication of graft-skin graft and flap failure or rejection; paraplegia and symptoms involving skin and other integumentary tissue. Treatment to date has included debridement of the right trochanteric decubitis ulcer to the left trochanteric ulcer excision and closure with a left gluteal flap advancement and lateral thigh flap advancement surgery on 8-12-14 for the left hip wound; magnetic resonance imaging (MRI) on 10-16-14 was positive for osteomyelitis at bilateral trochanteric ulcers; repeated debridement on 10-21-14 and bone cultures showed no growth in the right and light coag neg staph on the left. The request was for purchase of swimming pool chair lift. The patient has had diagnosis of osteomyelitis of coccyx in 2013. The patient has had MRI of hip on 10/16/2014 that was positive for osteomyelitis. The patient has had neurogenic bowel and bladder and uses wheelchair with cushion. The patient has had history of T6 complete paraplegia, T6 fracture, spinal fusion, right thoracotomy and rib

resection. The patient had received an unspecified number of PT visits for this injury. The medication list include Zyvox, bisacodyl, Temazepam, Ditropan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Swimming Pool Chair Lift: 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), Durable Medical Equipment (DME) and on the Non-MTUS CMS Medicare Benefit Policy Manual Chapter 15, Section 110.1 and on the Non-MTUS Blue Cross of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM do not address this request. Therefore ODG used. Official Disability Guidelines Treatment in Workers' Comp, online Edition, Chapter: Knee & Leg (updated 07/10/15), Durable medical equipment (DME).

Decision rationale: Purchase of Swimming Pool Chair Lift. ACOEM do not address this request. Therefore ODG used. Per the cited guidelines, "While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline." As per cited guidelines, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) 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 medical necessity of access to a swimming pool was not specified in the records provided. The rationale for the request for a Purchase of Swimming Pool Chair Lift was not specified in the records provided. The medical necessity of the request for Purchase of Swimming Pool Chair Lift is not fully established for this patient.