

Case Number:	CM15-0195213		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2009
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 3-1-09. The injured worker is diagnosed with complex regional pain syndrome and upper extremity and lower extremity reflex sympathetic dystrophy. The injured worker is permanently disabled. Notes dated 6-24-15 - 9-14-15 reveals the injured worker presented with complaints of severe right wrist pain that radiates to her right forearm and collar bone. She reports occasional left hand pain and experiences pain from her toes to her groin bilaterally (right greater than left). The pain is constant and described as burning she also reports sweating, bee stings feeling and numbness and tingling. She rates her pain at 8-10+ out of 10 and is increased with movement, walking and touch. She requires assistance for her care. A physical examination dated 6-24-15 - 9-14-15 revealed wheelchair bound injured worker. There is severe pain and tenderness in the bilateral upper extremities and neck. Treatment to date has included a spinal cord stimulator implant, which provides mild improvement in pain; Ketamine infusion was not helpful; lumbar sympathetic nerve blocks provided mild to moderate relief for a few days; a rehabilitation program did not offer efficacy; medication helps alleviate pain and lidocaine injections were not helpful per notes dated 6-24-15 - 9-14-15. She has engaged in pain management and psychiatric evaluation. A request for authorization dated 9-14-15 for purchase of an electric hoist lift for complex regional pain syndrome is denied, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of electric hoist lift for complex regional pain syndrome: 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).

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

Decision rationale: The MTUS Guidelines do not address electric hoist lifts. Per the ODG, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the injured worker is noted to have complex regional pain syndrome of multiple body parts, however, there is very little documented evidence to support the diagnosis. The documentation fails to detail the level of disability the injured worker is experiencing and does not justify the need for a trapeze bar, therefore, the request for purchase of electric hoist lift for complex regional pain syndrome is determined to not be medically necessary.