

Case Number:	CM15-0223757		
Date Assigned:	11/19/2015	Date of Injury:	02/14/2003
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: Emergency 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 57 year old female, who sustained an industrial injury on 2-14-2003. The injured worker is undergoing treatment for: left knee pain, low back pain. The treatment and diagnostic testing to date has included: left knee surgery (9-10-15), ice, medications, rest, lumbosacral surgery (2011, 2012), multiple physical therapy sessions, TENS, scooter, urine drug screen (8-19-15). Medications have included: Tizanidine, Senna, Colace, Cymbalta, MS Contin, Omeprazole, Tegaderm, Oxycodone, Amitiza, Zofran, Atenolol, Klor-con, Lisinopril, Simvastatin, Hydrochlorothiazide, and K-tab. On 10-1-15, she reported low back pain with radiation, and left knee pain. She rated her pain with medications as 4 out of 10 and without medications 10 out of 10. "She also reports sensation of "standing in glass" under 2nd and 3rd toes since the left knee surgery." On 10-14-15, she reported left knee pain. She also reported bilateral leg weakness. She rated her pain 4 out of 10 at best, and 10 out of 10 at worst. She indicated her symptoms are aggravated by weight bearing on the left knee. She is noted to have right lower extremity numbness and giving way following back surgery and experiencing multiple falling episodes. Objective findings revealed left knee range of motion decreased, observed to be in a wheelchair, poor muscle tone in the left lower extremity, edema in the left knee and lower leg, sensitive along the left knee medial joint line. The request for authorization is for: DME: car lift (left knee). The UR dated 10-26-2015: non-certified the request for car lift (left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Car lift (left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg - Power mobility devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Powered Mobility Devices.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. It is unclear why patient cannot use her normal leg with assistance of a cane or help to get into a car. There is no medical need for a "car lift." Therefore, the request for a Car lift (left knee) is not medically necessary.