

<b>Case Number:</b>	CM14-0141294		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/03/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 68-year-old male with a reported date of injury on 12/03/1999. The injury reportedly occurred when the injured worker was attacked from behind at his workplace, shot 4 times, pistol whipped, kicked in the face and back, struck in the back of the head, and left to die. His diagnoses were noted to include left above the knee amputation, bilateral shoulder adhesive capsulitis, left carpal tunnel syndrome, and right tardy ulnar nerve palsy. His previous treatments were noted to include surgery, acupuncture, pool therapy, and medications. The progress note dated 07/17/2014 revealed the injured worker reported relief from his right shoulder pain following the injection he had received. The injured worker reported he could walk 50 to 75 feet before the pain in his legs prevented him from walking further. The injured worker complained of sporadic phantom pain at the left above the knee amputation stump and reported he utilized his swimming pool at home for therapy and requested an electric pool lift to aid him with entry and exit from the pool. The physical examination revealed the injured worker was blind and the left above the knee prosthesis was in place. The examination of the prosthesis revealed there was fraying of the metal cable that controlled the knee and the cable was nonfunctioning. The examination of the left shoulder revealed tenderness over the bicipital groove anteriorly. The progress note dated 08/21/2014 revealed complaints of subtalar joint stiffness, but it was not a problem. There was circulation decreased in the right foot, but there were no lesions of danger. The physical examination of the lower extremity revealed the right foot contained hypertrophic mycotic nails and there was pain with plantar pressure that needed debridement. The Request for Authorization form dated 08/04/2014 was for an electric pool lift for entry and exit out of the pool for therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric pool lift:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment (DME)

**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

**Decision rationale:** The request for an electric pool lift is not medically necessary. The injured worker is ambulatory with a prosthesis, cane, and caregiver. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The guidelines state medical conditions that result in physical limitations for injured workers may require education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The guidelines also state 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 injured worker participates in therapy in his home swimming pool and requested an electric pool lift to get in and out of the pool. The guidelines do not specifically include electric pool lifts; however, the records do not establish objective evidence that the injured worker was unable to get in and out of the pool without assistance. Therefore, the request is not medically necessary.