

<b>Case Number:</b>	CM14-0168542		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 53-year-old male with a 4/16/14 date of injury. At the time (9/17/14) of request for authorization for Stair lift to go up/down, Drivers re-evaluation, Bilateral knee braces, and Home care for ADLS provided by daughter 6 hours a day/5 days week (started 5/16/2014-10/30/2014), there is documentation of subjective (low back pain) and objective (decreased lower extremities motor strength, diminished deep patellar tendon reflexes, and diminished sensation in the lower extremities) findings, current diagnoses (paraplegia due to acute spinal cord compression, herniated disc L1-L2, gait dysfunction, chronic pain syndrome, and status post laminectomy and discectomy), and treatment to date (medications). Medical reports identify a request for stair lift at home to go up to the second floor of the patient's house where his bedroom is located. Regarding Stair lift to go up/down, there is no documentation that the requested Stair lift is primarily and customarily used to serve a medical purpose and is appropriate for use; it is not more costly than an alternative service; and the request represents medical treatment. Regarding Drivers re-evaluation, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Regarding bilateral Knee brace, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, medical collateral ligament (MCL) instability, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful uni-compartmental osteoarthritis, and tibial plateau fracture). Regarding Home care for ADLS provided by daughter 6 hours a day/5 days week (started 5/16/2014-10/30/2014), there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Stair lift to go up/down:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-346. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: Anthem Clinical UM Guideline (CG-DME-10); <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

**Decision rationale:** MTUS does not specifically address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies that durable medical equipment is considered medically necessary when it is not more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease. Medical Treatment Guidelines additionally identify that durable medical equipment is not considered medically necessary when the item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (e.g., customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.). In addition, Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of a Stair lift to go up/down. Within the medical information available for review, there is documentation of diagnoses of paraplegia due to acute spinal cord compression, herniated disc L1-L2, gait dysfunction, chronic pain syndrome, and status post laminectomy and discectomy. However, given documentation of a request for stair lift at home to go up to the second floor of the patient's house where his bedroom is located, there is no documentation that the requested Stair lift is primarily and customarily used to serve a medical purpose and is appropriate for use. In addition, there is no documentation that the requested stair lift is not more costly than an alternative service. Furthermore, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for purchase of a Stair lift to go up/down is not medically necessary.

**Drivers re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**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: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of a Drivers re-evaluation. Within the medical information available for review, there is documentation of diagnoses of paraplegia due to acute spinal cord compression, herniated disc L1-L2, gait dysfunction, chronic pain syndrome, and status post laminectomy and discectomy. In addition, there is documentation of a request for Drivers re-evaluation. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Drivers re-evaluation is not medically necessary.

**Bilateral knee braces:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful uni-compartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the medical necessity of a knee brace. Within the medical information available for review, there is documentation of diagnoses of paraplegia due to acute spinal cord compression, herniated disc L1-L2, gait dysfunction, chronic pain syndrome, and status post laminectomy and discectomy. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that the patient is going to be stressing the knee under load, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful uni-compartmental osteoarthritis, and tibial plateau fracture. Therefore, based on guidelines and a review of the evidence, the request for bilateral knee braces is not medically necessary.

**Home care for ADLS provided by daughter 6 hours a day/5 days week (started 5/16/2014-10/30/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of paraplegia due to acute spinal cord compression, herniated disc L1-L2, gait dysfunction, chronic pain syndrome, and status post laminectomy and discectomy. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home care for ADLS provided by daughter 6 hours a day/5 days week (started 5/16/2014-10/30/2014) is not medically necessary.