

Case Number:	CM15-0143892		
Date Assigned:	08/04/2015	Date of Injury:	11/30/1968
Decision Date:	10/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 69 year-old female who sustained an industrial injury on 11-30-68. Initial diagnoses are not available. Current diagnoses include cervical and lumbar spine degenerative disc disease status post surgery and degenerative joint disease. Treatment to date has included multiple spine surgeries, drug urinalysis screens, and medication management. Currently, the injured worker complains of difficulty positioning because of her neck, which is fused forward. She has low back pain to her hips and buttocks. She is non-ambulatory and dependent for all her activities of daily living. Requested treatments include Tru Balance Lift and Tilt Assembly with Electric Harness. The injured worker is under social security disability. Date of Utilization Review: 06-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tru Balance Lift and Tilt Assembly with Electric Harness: Upheld

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

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 Chapter, Wheelchair, Knee & Leg, Durable medical equipment (DME).

Decision rationale: Regarding the request for a Tru Balance Lift and Tilt Assembly with Electric Harness, ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. ODG states certain DME toilet items (commodes, bed pans, 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. Within the documentation available for review, there is mention of a wheelchair assessment to justify the request for wheelchair revision and additional equipment. Unfortunately, no wheelchair assessment was provided for review, and no justification has been provided for the requested equipment. As such, the currently requested Tru Balance Lift and Tilt Assembly with Electric Harness is not medically necessary.