

Case Number:	CM15-0066488		
Date Assigned:	04/14/2015	Date of Injury:	08/30/1984
Decision Date:	06/26/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, Michigan
 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 an 84-year-old male, who sustained an industrial injury on 08/30/1984. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/27/2015 the injured worker reported fatigue and dizziness, uses cane to ambulate or a wheelchair occasionally. He was noted to need help showering. Examination was unremarkable. The diagnoses have included coronary artery disease, congestive heart failure, status cardiac pacemaker, end stage renal disease, angina of effort, peripheral neuropathy and abnormal gait. Treatment to date has included medication and EKG. The provider requested in home health aide 8 hrs a day 7 days a week, transportation for medical care as needed indefinitely, standard wheelchair, power stair lift: exterior entry/exit, lifeline alarms system with monitoring and home exterior lock box.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home health aide 8 hrs a day 7 days a week: Upheld

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

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

Decision rationale: Per the MTUS, home health services are "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" A review of the injured workers medical records indicate that the request for home health services is based on a need for personal care such as showering and based on the guidelines this is not considered medical treatment, therefore the request for In home health aide 8 hrs a day 7 days a week is not medically necessary.

Transportation for medical care as needed indefinitely: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index 9th edition (web), Medicare transportation (non-urgent) 2009.

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 (Acute & Chronic) / Transportation (to & from appointments).

Decision rationale: The MTIUS / ACOEM did not address the use of transportation in the injured worker and therefore other guidelines were consulted. Per the ODG, recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." A review of the injured workers medical records reveal subjective complaints that he is unable to drive, however it does appear that he continues to be ambulant with the help of a cane or walker and occasionally uses a wheel chair and there are no objective findings that would indicate that he is disabled enough to need nursing home level of care and without this information this is not medically necessary.

Standard wheelchair: 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 and leg (acute and chronic / wheelchair).

Decision rationale: The MTUS/ ACOEM did not address the use of wheelchair in the injured worker and therefore other guidelines were consulted. Per the ODG, "recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating largest 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. Adjustable height armrest option recommended if the patient has a need for arm height different from those available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007)" A review of the injured workers medical records reveal that he is ambulant with a cane or walker and occasionally uses a wheel chair, however there is no objective documentation of his limitations and without this information this is not medically necessary.

Power stair lift: exterior entry/exit: 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 (Acute & Chronic) / Power mobility devices (PMDs).

Decision rationale: The MTUS / ACOEM did not address the use of a power stair lift in the injured worker and therefore other guidelines were consulted. Per the ODG power, mobility devices are 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. A review of the injured workers medical records reveal that he is ambulant with a cane or walker and occasionally uses a wheel chair, however there is no objective documentation of his limitations and without this information, this request is not medically necessary.

Lifeline alarms system with monitoring: 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 and leg (acute and chronic) / Durable Medical Equipment (DME).

Decision rationale: The MTUS / ACOEM did not specifically address the use of alarm systems therefore, other guidelines were consulted. Per the ODG things like alarm systems are considered

a comfort or convenience item, hygienic equipment, & not primarily medical in nature." DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). 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. 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. (CMS, 2005) Unfortunately, alarm systems do not meet the criteria for DME; therefore the request for Lifeline alarms system with monitoring is not medically necessary.

Home exterior lock box: 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 and leg (acute and chronic) / Durable Medical Equipment (DME).

Decision rationale: The MTUS / ACOEM did not specifically address the use of exterior lock box therefore other guidelines were consulted. Per the ODG, "DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). 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. Based on the guidelines a home exterior lock box is not considered DME, therefore the request for Home exterior lock box is not medically necessary.