MAXIMUS Federal Services

Case Number:	CM15-0069785		
Date Assigned:	04/17/2015	Date of Injury:	03/02/2012
Decision Date:	05/18/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 40 year old female, who sustained an industrial injury on March 2, 2012. She reported right knee pain. The injured worker was diagnosed as having chronic pain due to trauma, chronic post-operative pain, internal derangement of the right knee and causalgia of the lower limb. Treatment to date has included diagnostic studies, placement of a spinal cord stimulator, self-care activities, conservative care, medications, a cane for ambulation and wheelchair for locomotion and activity modifications. A progress report dated March 10, 2015 indicates that the patient uses a cane as an assistive device. Currently, the injured worker complains of right knee pain, frustration and difficulty sleeping. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 1, 2014, revealed continued right knee pain radiating to the back, continued feelings of frustration and sleep disturbances. A wheel chair lift for the vehicle was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Wheelchair lift for car: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Durable Medical Equipment.

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, Durable medical equipment (DME).

Decision rationale: Regarding the request for DME: Wheelchair lift for car, California MTUS does not address the issue. 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, numerous notes indicate that the patient is able to emulate with a cane. Therefore, it is unclear why a wheelchair lift would be needed for the patient's vehicle. In the absence of clarity regarding that issue, the currently requested DME: Wheelchair lift for car is not medically necessary.