

<b>Case Number:</b>	CM13-0014932		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/06/1996
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Orthopedic Medicine, 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:

This patient is a 56-year-old who was injured in a work-related accident June 6, 1996. The clinical records available for review indicate a prescription for a motorized lift chair, dated May 12, 2013. A follow-up neurologic assessment of [REDACTED] of August 23, 2013 indicated the patient continued to be symptomatic with chronic weakness to the left upper extremity and difficulty walking. The patient noted that a recent request for a motorized lift chair had been denied. It stated that a non-certification determination of August 14, 2013 indicated that the patient's gait deficiency was not easily identifiable with no true neurologic leg weakness, and a primary spinal cord deficit was not noted. [REDACTED] indicated that the patient's previous MRI of October 2002 showed spinal cord damage at C4-5. The provider recommended the role of a motorized device based on this finding alone. Physical examination findings were not noted. Previous assessment of May 15, 2013 indicated the patient had brisk distal reflexes with atrophy to the left hand and spastic weakness to her lower extremities on assessment. It is noted that the patient has utilized a motorized lift chair for quite some time. There is currently no indication as to why a replacement chair would be indicated, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A REPLACEMENT MOTORIZED LIFT CHAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Procedures Chapter..

**Decision rationale:** MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of a power mobility device in this case would not be supported. While an appeal letter is noted that indicates the patient is with spastic weakness and cord compression, this reviewer is unable to see where the patient's initial power mobility device has failed. While a replacement device is being recommended, it is unclear why the initial device provided would be unable to provide suitable coverage for the patient at present. The request for a replacement motorized lift chair is not medically necessary or appropriate.