

Case Number:	CM13-0023438		
Date Assigned:	11/15/2013	Date of Injury:	10/11/2010
Decision Date:	01/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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.

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 patient is a 42-year-old female who reported an injury on 10/11/2010 while she was completing cell searches. The patient is reported to complain of midback and neck pain which was made worse by bending, prolonged standing, lifting, and pulling. She reported radiation of pain into her left lateral rib and into the shoulder blade on the left. She also reported left lateral thigh pain radiating from the low back. The patient is reported to experience intermittent bouts of bladder incontinence where she urinates and feels that she has emptied her bladder completely, but when standing up from the toilet, she continues to urinate. She is noted to have undergone a previous ACDF at C5 through C7 on 03/29/2012 and to continue to complain of right arm numbness and tingling as well as deltoid and shoulder weakness. On examination, the patient is noted to have decreased range of motion of the cervical spine in extension and right and left lateral side bending. Inspection of the lumbar spine noted decreased range of motion. She was noted on strength testing to have mild decrease in strength of the right biceps, triceps, and wrist extensors and left dorsiflexion. Her deep tendon reflexes were reported to be 1 to 2+ bilaterally of the upper and lower extremities. The patient is noted to have decreased sensation in the medial dorsal hand surface along the 4th and 5th digits as well as the lateral calf bilaterally. The patient is noted to continue to complain of ongoing unchanged pain of the midback radiating to the left lateral ribs and shoulder blade and to have undergone a repeat MRI of the thoracic spine on 05/23/2013 which noted a small right paracentral disc extrusion at T5-6 extending superior to the disc space and resulting of minimal mass effect on the ventral cord without abnormal cord signal and a small paracentral disc protrusion at T7-8 resulting with mild mass effect on the ventral cord without abnormal cord signal. She is noted to have undergone an MRI

IMR ISSUES, DECISIONS AND RATIONALES

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

Cloud 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), Knee and Leg Chapter.

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 & Chronic) Durable medical equipment (DME).

Decision rationale: The patient is a 42-year-old female who reported an injury to her neck and upper back on 10/11/2010. She is reported to have previously undergone a cervical anterior discectomy and fusion at C5 through C7 on 03/29/2012 and to continue to complain of right arm numbness and tingling as well as shoulder and deltoid weakness. She is noted to have ongoing complaints of left midback pain with radiation to the left lateral ribs and into the shoulder blade on the left. On physical exam, the patient is noted to have mild decrease of range of motion of the cervical spine in extension and mildly decreased range of motion of the lumbar spine. She is noted to have minimal decrease of strength in the right upper extremity at the biceps, triceps, and wrist extensor, and minimal decrease in strength of the left dorsiflexion. She is reported to have normal range of motion and normal deep tendon reflexes of the upper extremities and decreased sensation of the medial dorsal hand surface along the 4th and 5th fingers as well as at the lateral calf bilaterally. A request was submitted for a Cloud lift chair. The California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and is primarily and customarily used for medical purpose, and is not generally useful to a person in the absence of illness or injury. There does not appear to be a medical need for the lift chair as there is no documentation that the patient is unable to go from a sitting to standing position on her own. There is no documentation of loss of strength, poor balance, or that the patient is a fall risk when attempting to stand from a seated position. In addition, a Cloud lift chair can be used for other than a medical purpose and can be useful for persons in the absence of illness or injury. As such, the requested Cloud lift chair does not meet guideline recommendations and is not medically indicated.