

Case Number:	CM13-0049295		
Date Assigned:	12/27/2013	Date of Injury:	01/23/1989
Decision Date:	04/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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. 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 80-year-old claimant has a date of injury of 1/23/89. He has been treated for back pain and right leg pain with weakness. The records provided document that he has difficulty standing up from a seated position. An electric power lift recliner was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Power Lift Recliner Quantity 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter knee and leg: durable medical equipment; Chapter pain; power mobility devices.

Decision rationale: An electric power lift recliner cannot be certified in this case based upon review of the records provided and the Official Disability Guidelines. CA MTUS ACOEM Guidelines do not address this issue. If one looks toward the Official Disability Guidelines, durable medical equipment is recommended if there is a medical need and the device meets Medicare's definition of durable medical equipment. Official Disability Guidelines state that medical conditions as the result of physical limitations for patients may require patient education

and modification in the home environment for prevention of injury but environmental modifications are considered not primarily medical in nature. An electric power lift recliner is not medical in nature and, therefore, cannot be certified in this case.