

Case Number:	CM13-0055155		
Date Assigned:	04/25/2014	Date of Injury:	02/25/1998
Decision Date:	07/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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:

The patient is a 63-year-old male who has submitted a claim for Lumbar Radiculitis, Lumbar Disc Disease, Lumbar Arthropathy, and Post-laminectomy Syndrome, associated with an industrial injury date of February 25, 1998. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain with right radicular leg pain and numbness, rated 8/10. Pain was aggravated with prolonged sitting, walking, driving, and standing. On physical examination, gait was altered with a limp on the right leg. There were well-healed surgical scars consistent with his prior surgery. Lumbar range of motion was deferred due to pain. There was tenderness over the right paraspinals. Straight leg raise test was positive. No sensor motor deficits were noted. Treatment to date has included medications, L4-5 fusion, epidural injections, physical therapy, medial branch block, trigger point injection, and TENS unit. Utilization review from November 14, 2013 denied the request for electric chairlift because there was very limited evidence of red flag signs and extenuating circumstances to support the need for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC CHAIRLIFT (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy 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: The MTUS does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that DME is recommended generally if there is a medical need. 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. In this case, an electric chair lift was requested for assistance with climbing the stairs due to the patient's chronic back pain. However, environmental modifications are considered not primarily medical in nature. Therefore, the request for electric chairlift (purchase) is not medically necessary and appropriate.