

Case Number:	CM14-0009073		
Date Assigned:	03/03/2014	Date of Injury:	09/29/2006
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation 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 76 year old female with a date of injury of 09/26/2006. The listed diagnoses per [REDACTED] dated 12/09/2013 are: Chronic left shoulder pain, recurrent right shoulder pain, left trapezius spasms, cervical spondylosis, chronic cervical pain, lumbar spondylosis, and chronic lumbar pain. According to the report, the patient complains of mid and low back, neck, left shoulder, and right wrist pain. She is having more difficulty with her shoulders and she states she has to hang on her stair railing and wall for stability to go upstairs and to avoid falls. She cannot carry objects up and down the stairs as well. She uses Lyrica and Celebrex to control her pain as well as occasional Vicodin. She is complaining of increasing episodes and severity of right shoulder pain, most likely related to the increased use of the right arm to compensate for pain on the left. The patient attributes much of her shoulder pain to her knee to hang on stair railings when climbing or descending. She also had a fractured right wrist on 2010 requiring external fixation and hand therapy. The exam shows rotation of the neck is limited to 45 degrees because of pain. There is limited range of motion on both shoulders because of pain. Both shoulders are tender anteriorly. There is decreased bicep strength bilaterally. Left posterior neck and trapezius are tender. The patient can only lift the left arm only a few inches above her lap. The utilization review denied the request on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC STAIR LIFT FOR BILATERAL SHOULDER, CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Seat Lifts and Patient Lifts Number: 0459.

Decision rationale: The treater is requesting an electric stair lift for the bilateral shoulders, cervical, and lumbar spine. The MTUS, ACOEM, and Official Disability Guidelines do not address this request; however, Aetna Guidelines on seat lift and patient lifts states, "Aetna considers seat lift mechanisms, medically necessary durable medical equipment (DME) when all of the following criteria are met: 1. The member must be incapable of standing up from a regular arm chair at home. 2. The member must have severe arthritis of the hip or knee or have severe neuromuscular disease. 3. The seat lift mechanism must be prescribed to affect improvement, or arrest or retard deterioration of the member's condition. 4. When standing, the member must have the ability to ambulate." Aetna considers seat lift mechanisms experimental and investigational for all other indications because of insufficient evidence in the peer review of the literature. While the patient has the ability to ambulate, she does not have severe arthritis of the hip or an inability to stand up from a regular arm chair which is a criteria required by Aetna. In this case, the patient does not meet all the criteria mentioned above for this DME to be considered. The request is not medically necessary and appropriate.