

Case Number:	CM14-0009115		
Date Assigned:	02/12/2014	Date of Injury:	10/01/1999
Decision Date:	12/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Internal 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 is a case of a 71 year old male with a date of injury of 10/1/1999. He is diagnosed with complex regional pain syndrome and is on Norco and multiple other medications for treatment. In an office visit note dated 3/17/2014 by [REDACTED] it states that the burning about the pump was relieved by the Lidoderm patches. The dorsal column stimulator still works. The patient had not received the new lift chair yet, and is appealing again. On physical exam the patient has good eye contact and speaks clearly. The plan was to renew all of his medications and follow up in 2 months. In a typed note by the patient dated 1/15/2014, he explains that the diagnosis of complex regional pain syndrome is correct, but does not explain how it was obtained. The patient goes on to explain that it was a direct result of cubital tunnel syndrome of both arms and also resulted in having trigger fingers of both hands. He has had surgery on both elbows and hands, four separate surgeries. He is requesting replacement of his power lift chair as it has worn out over the past 10 years. He also explains that he has loss of strength of both arms and both hands. The patient also states that the power lift chair allows him to sit or stand with minimal use of his arms. It allows him the ability to recline or sit upright in the optimum position when using the dorsal column stimulator. He states that going without his power lift chair greatly reduces the effect of the other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Durable Medical Equipment (DME)

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

Decision rationale: MTUS guidelines do not comment on the use of durable medical equipment. Based on ODG guidelines, durable medical equipment (DME) are recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. In this case, the patient clearly states his conditions, disabilities and the benefit of using a power chair lift and has been using one for many years. However, there is no documentation in the files reviewed of weakness, tenderness, physical limitations, or medical necessity of using a power chair lift. Therefore, based on ODG guidelines and the evidence in this case, the request for a power chair lift is not medically necessary.