MAXIMUS Federal Services

Case Number:	CM14-0101224		
Date Assigned:	07/30/2014	Date of Injury:	08/11/1999
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 61 year old female with an injury date of 8/11/99. According to progress report 6/3/14, the patient complains of ongoing right ankle and left elbow pain. Patient also has cervical and lumbar pain which is improving. Based on the 6/3/14 progress report provided by [redacted] the diagnoses are; chronic left elbow pain, s/p lateral release, s/p left carpal tunnel release with chronic pain, chronic left ankle pain, s/p surgery. Exam on 6/3/14 showed "left elbow supination/pronation decreased by 20 degrees, but good flexion/extension. No laxity in ankle, but decreased dorsiflexion/plantar flexion by 10 degrees." [redacted] is requesting a lift chair. The utilization review determination being challenged is dated 6/19/14. [redacted] is the requesting provider, and he provided treatment reports from 2/12/14 to 6/3/14.

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 http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0343_coveragepositioncriteria_seat_lift_mechanisms_patient_lifts.pdf.

The Expert Reviewer based his/her decision on the Non-MTUS Clinical Policy Bulletin: Seat Lifts and Patient Lifts.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Clinical Policy Bulletin:Seat Lifts and Patient Lifts.The Expert Reviewer's decision rationale:This patient presents with right ankle and left elbow pain. The patient is requesting a lift as her "wrist bothers her when she is using force to get up from a sitting position, as does the ankle." The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. AETNA guidelines support chair lifts or patient lifts if the patient is incapable of standing from a seated position, has severe arthritis of the hip or knee, once standing have the ability to ambulate, etc. In this case, the patient complains that her wrist and ankle "bothers'" her when pressure is added, but there is no documentation of severe arthritis or discussion that the patient is unable to stand from a seated position. The request is not medically necessary.