MAXIMUS Federal Services

Case Number:	CM14-0012618		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2001
Decision Date:	07/21/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 Emergency 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 patient has a reported date of injury on 8/17/2001. No mechanism of injury was provided.The patient has a diagnosis of internal knee derangement post arthroscopy of knee, depression and insomnia. The patient also has diabetes, obesity and hypertension. Multiple medical reports from primary treating physician and consultants were reviewed. The last report available was dated 1/7/14. The patient complains of left knee pain and also has some right knee pain. The patient is apparently not using a knee brace as instructed due to poor fit. The patient is using a cane and has been approved for a walker. There are reported problems with weight gain. The patient is also being evaluated for knee surgery.Objective exam reveals tenderness to the left knee joint and mild swelling. There is a good range of motion with tenderness with extreme flexion. An MRI of the left knee(7/10/13) shows complex tear of posterior and medial meniscus with extrusion and extensive subchondral edema at periphery of medial tibial plateau and proximal attachment tear to ACL.The patient has reportedly undergone aqua therapy, physical therapy, use of a TENS unit and medications. Prior hyalgan and cortison injections to knee have not improved pain. Current medications include terocin patch, lidopro lotion, tramadol, trazodone and naproxen.Utilization review is for chair lift #1. Report from treating physician requests a "lift off chair" to prop herself up from a seated position due to knee and shoulder problems. The prior UR on 1/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHAIR LIFT QTY 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 (ODG), Knee and leg (acute and chronic), Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and leg(acute and chronic)> <Durable Medical Equipment(DME)>.

Decision rationale: There is no appropriate section in the MTUS Chronic pain or ACOEM guidelines concerning this topic. There are also no published quality studies concerning this topic. The assumed "chair lift" as described from treating physician's notes is likely a powered electric lift chair that is essentially a recliner that can lift a patient from a fully reclined position and tilt the patient forward and off the chair without need for knee or arm use. As per Official Disability Guidelines (ODG), this device would fall under criteria for Durable Medical Equipment (DME) but there is no specific sub-heading specifically concerning a powered lift chair. As per ODG, criteria for DME recommendation include: 1)Can withstand repeated use 2)Primarily and customarily used for medical purpose 3)Not useful in abscess of illness or injury and 4)Appropriate for home use. The powered chair lift does not meet criteria 2 and 3. This device is widely sold in many furniture stores. It can be used for non-medical purposes and for the convenience of its user. It is not primary for medical purpose only. The treating physician has not documented any significant complaints from the patient concerning inability to get out of a chair. There is no functional assessment of hip or leg strength or disability when getting up from a sitting position. As per ODG criteria, the requested power lift chair is not a piece of Durable medical equipment (DME) and is not medically necessary.