

<b>Case Number:</b>	CM14-0018832		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery 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 claimant presents with industrial injury 5/15/00. An exam note from 1/16/14 demonstrates back pain. The claimant presents with normal cardiovascular and pulmonary examination as well as normal neurologic examination. A letter from 11/21/13 demonstrates claimant with trouble lying down in supine position. The request for lazy boy lift chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF LAZY BOY 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) Durable 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) Durable Medical Equipment.

**Decision rationale:** The records do not support the use of durable medical equipment such as a lazy boy lift chair. Per ODG, durable medical equipment is generally not useful to a person in the absence of illness or injury. In the exam note from 1/16/14, there is no objective evidence to support a lift chair. Therefore, the determination is that the request is not medically necessary.

