

Case Number:	CM14-0120428		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2011
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 57 year old female with an injury date on 1/20/11. According to a progress report dated 6/18/14, the patient complains of left-sided cervical pain and lumbar pain that radiates into the left lower extremity. Patient reported repeated falls from left leg giving way, and back giving out, despite having home health care aide. Based on the 6/25/14 progress report provided by [REDACTED] the diagnoses are chronic pain syndrome, unspecified thoracic/lumbar neuritis, depressive type psychosis, and major depressive disorder. Exam on 6/25/14 showed patient is alert, using rolling seated walker, gait is slower, and affect is depressed. [REDACTED] is requesting a motorized chairlift for stairs. The utilization review determination being challenged is dated 7/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/5/13 to 7/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized chair lift for stairs-Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Durable medical equipment (DME).

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

Decision rationale: 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 has the ability to ambulate, etc. In this case, the patient states that her left leg gives way, and back gives out, but there is no documentation of severe arthritis or a discussion that the patient is unable to stand from a seated position. As such, the request is not medically necessary.