

Case Number:	CM14-0021522		
Date Assigned:	05/07/2014	Date of Injury:	09/29/2006
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Orthopedic Sports 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:

The injured worker is a 76-year-old who sustained an injury to her low back on September 29, 2006 after reaching for a heavy bag. The records indicate that the injured worker has a diagnosis of chronic left shoulder pain, recurrent right shoulder pain more recent onset related to the need to compensate for long-standing left shoulder pain, cervical spondylosis, chronic cervical pain, lumbar spondylosis and chronic lumbar pain. The injured worker also has balance issues and must hang onto her stair railing and wall for stability to go up stairs and avoid falls, so she cannot carry objects up and down the stairs. The injured worker has pain with locking of the shoulders of variable intensity. One locking episode occurred in 2011 and two episodes occurred in 2012 and are becoming increasingly frequent.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC STAIR LIFT FOR HOME: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chapter, Durable medical equipment.

Decision rationale: The previous request was denied on the basis that there was no documentation of prior orthopedic treatment options have been exhausted for this injured worker; therefore, the documentation does not establish medical necessity of an electric chair lift. The injured worker stated that both restrooms are on the second floor of her home. The patient reported recent episodes where loses her balance and has to grab onto the stair rail. A personal note from the injured worker stated that there are times where she has to wait until she can go up stairs, due to not being able to unlock her shoulders. Three days prior she had an episode where she lost her balance and almost fell down the stairs. She stated that her right shoulder locked and she started to fall backwards, but was able to grab onto a dowel with her left hand to break the fall. Given the clinical documentation submitted for review, medical necessity of the request for electric stair lift for home has been established. The request for an electric stair lift for the home is medically necessary and appropriate.