

Case Number:	CM14-0030579		
Date Assigned:	06/20/2014	Date of Injury:	09/14/2012
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male whose date of injury is 09/14/12. September 14, 2012 is also noted as the former police officer's last day of work. The record demonstrates the injured worker has a history of heart problems with no specific mechanism of injury noted. Diagnoses include lumbar myofascial pain, lumbar facet syndrome versus sacroiliac joint dysfunction, and bilateral patellofemoral syndrome. MRI of the lumbar spine revealed mild degenerative disc disease. The injured worker has been treated with physical therapy/Home Exercise Program; sacroiliac belt; medications (aspirin, Butlab-acetaminophen, clonazepam, Coreg, Mirtazapine, Pravastatin, Venlafaxine, Zolpidem); modified duty; individual psychotherapy. Physical examination revealed positive lumbar facet loading bilaterally; 5/5 motor strength throughout except 4/5 left hip flexion/extension and left knee flexion/extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seat Lift Mechanism incorporated into a Combination Lift-Chair Mechanism: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Seat Lift.

Decision rationale: A seat lift may be medically necessary when prescribed by a physician for a patient with severe arthritis of the hip or knee and patients with muscular dystrophy or other neuromuscular diseases when it has been determined the patient can benefit therapeutically from use of the device. There is no documentation that the injured worker has severe arthritis of the hip or knee; neuromuscular disease; or that the injured worker otherwise is not able to arise unassisted from a sitting position. Based on the clinical data available for review, medical necessity is not established for seat lift mechanism incorporated into a combination lift-chair mechanism.