MAXIMUS Federal Services

Case Number:	CM14-0034990		
Date Assigned:	06/23/2014	Date of Injury:	02/26/1999
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on February 26, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 28, 2014, indicates that there were ongoing complaints of left knee pain. The injured employee has the use of a homemade caretaker to help with activities of daily living for about 70 hours per week. Current medications include diclofenac, ketamine cream, doxepin cream, buprenorphine, omeprazole, ondansetron, Lasix, fluticasone, Symbicort, Dilantin and atorvastatin. The physical examination demonstrated joint line tenderness of the left knee. A request was made for a lift chair and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift Chair Replacement.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic, Durable medical equipment, updated June 5, 2014.

Decision rationale: According to the provided medical record, the injured employee currently has the use of a lift chair, however, complains that the gap between the seat and the foot rest caused her knee to hyperextended. There was no justification stated in the medical record why a lift chair was needed initially. The physical examination stated there was only knee joint line tenderness and that the injured employee was able to ambulate with a front wheel walker. There was no mention of difficulty with ambulation, rising to stand or performing transfers. For these reasons, this request for a lift chair is not medically necessary.