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| Case Number: | CM14-0077295 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 06/03/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 Family 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:

This is a 58-year-old male who reported an industrial injury on 6/3/2011, over three (3) years ago, to the neck and upper extremities, attributed to the performance of his usual and customary job tasks. The patient complained of neck and bilateral shoulder pain. The patient is being prescribed Atorvastatin; diazepam; Fenofibrate; niacin; omeprazole; oxycodone; Percocet; soma; trazodone; Valsartan and Viagra. The objective findings on exam included diminished range of motion to the cervical spine; Spurling's maneuver causes radicular symptoms on the right to than the left; tenderness in the cervical spine in paracervical muscles; shoulder examination with restricted range of motion and positive Hawkins test; sensation to light touch decreased over the lateral forearm on the right. The treating diagnoses included rotator cuff sprains and strain; cervical disc degeneration; pain in the joint of the shoulder; and brachial neuritis or radiculitis. The treatment plan included a neurosurgical evaluation. It was reported that the claimant was having trouble arising from a seated position and therefore, a lift chair was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 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) Pain, DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: There was no rationale supported with objective evidence provided by the treating physician to support the medical necessity of a lift chair based on the provided documentation of tenderness and diminished range of motion to the neck and upper extremities. There was no documented weakness to the upper extremities and or the lower extremities. There were no issues related to the back. It is not clear why the patient could not arise from the seated position. The treating diagnoses included rotator cuff sprains and strain; cervical disc degeneration; pain in the joint of the shoulder; and brachial neuritis or radiculitis which do not provide a rationale as to why it was difficult for the patient to arise from a chair. The use of a lift chair represents a passive treatment modality as an aid for a specific disability; however, this is not medically necessary if the patient can strengthening condition himself to alleviate the problem. There is no demonstrated medical necessity for a lift chair over the participation in a self-directed home exercise program to strengthen and condition in order to facilitate his ability to arise from a sitting position. A lift chair is not considered DME and there is no persistent disability support the medical necessity of the requested lift chair. Therefore, the request is not medically necessary.