

<b>Case Number:</b>	CM14-0083700		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/24/1997
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, and is licensed to practice in Illinois 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 69-year-old female with a reported date of injury on 01/24/1997. The injury reportedly occurred when the injured worker fell and struck her head with result in neck and back pain. Her diagnoses were noted to include status post fusion C4-7 with incomplete fusion anteriorly at C4-5, large extradural calcific mass that moderately impressed the central cord with mild stenosis at C3-4 with severe stenosis of the right neural foramen. Her previous treatments were noted to include medication management, biofeedback, physical therapy, chiropractic treatment, acupuncture, psychological intervention, and appropriate interventional techniques. The progress note dated 01/22/2014 revealed complaints of bilateral neck pain that radiated primarily into the left arm and shoulder. The injured worker described dysesthetic pain that radiated all the way down to her right hand and into the medial digits. The injured worker complained of weakness to the right hand. The injured worker complained of low back pain that radiated out towards the hips and some bilateral calf pain. The injured worker reported having numbness primarily in the right lower extremity. The physical examination revealed decreased range of motion to the cervical spine. There was pain noted to both sides on the L3-S1 region. There was no pain noted over the lumbar intervertebral spaces on palpation. The palpation of the lumbar paraspinal muscles were noted to be tender. The motor strength was grossly normal except for decreased dorsiflexion of the foot on the left. The upper extremities sensation was decreased in the right C7-8 distribution and the lower extremities sensation was decreased to the right L4, L5, and S1 distribution. The Request for Authorization form was not submitted within the medical records. The request was for stair lift for sets of stairs x3; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stair lift for sets of stairs 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare coverage guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare: Patient Lifts, Seat Lifts, and Standing devices.

**Decision rationale:** The stair lift for sets of stairs x3 is not medically necessary. The injured worker complains of back pain that radiates out towards the hips and some bilateral calf pain. "Stairway chair lifts and stair gliders are devices attached to a track on a stairway to transfer from one level of the home to another on a chair or lift seat. They can be used on straight, curved or spiral stairs to aid in mobility throughout the home. Bathroom lifts used for transferring a patient onto a toilet or into a tub/shower are considered self-help and convenience items. Other commonly used lift devices, including, but not limited to, van lifts (used to lift wheelchairs in and out of vans), wheelchair lifts (used to provide access to stairways or automobiles) and platform lifts facilitate transportation within the home or in and out of the home and are not primarily medical in nature. A seat lift mechanism or sling is placed under the patient to gently raise and slightly lift the chair to raise the person from a sitting position to a standing position. Stair lifts, stairway elevators, platform lifts, ceiling lifts and other structural changes or additions are considered home modifications and are not covered (E0639, E0640)." There is lack of documentation regarding the injured worker unable to ambulate or rise from a seated position. The Medicare Guidelines do not cover stair lifts and therefore, a stair lift is not appropriate at this time. Therefore, the request is not medically necessary.