

<b>Case Number:</b>	CM14-0190119		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/06/1995
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Pennsylvania  
Certification(s)/Specialty: Family Practice

### 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 61 year old female, who sustained an industrial injury on 11/06/1995. She has reported subsequent back and upper extremity pain and was diagnosed with degenerative lumbar intervertebral disc disease and brachial neuritis/radiculitis. Treatment to date has included oral and topical pain medication, application of ice and a home exercise program. In a progress note dated 07/16/2014, the injured worker complained of low back pain. Objective findings were notable for guarded movements, limited mobility, stiff movements, moderately restricted range of motion and an antalgic gait. No medical documentation was submitted that pertains to the current treatment request for power recliner chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Power Lift Recliner Chair (for purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** The record states that this workers spine movement is moderately restricted in all directions. However both her upper and lower extremity strength is normal and there is no indication of loss of motion of the extremities. The MTUS does not specifically address power lift recliner chairs but does address power mobility devices such as scooters. Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. It also states that early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process. There is no indication that this worker is not able to stand from a regular chair independently currently. A power chair would foster dependence on such a device. Strength and range of motion of her extremities is normal so it would be expected that she is able to stand independently. Therefore, the request is not medically necessary.