

Case Number:	CM14-0193519		
Date Assigned:	12/01/2014	Date of Injury:	12/29/1993
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Interventional Spine 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 patient is a 75-year-old male with a date of entry of December 29, 1993. According to progress report dated September 22, 2014, the patient presents with constant shoulder and bilateral knee pain. The patient has had right knee surgery 13 years ago. He is utilizing a cane for ambulation and there is popping and clicking in the left knee. Examination revealed tenderness along both knees, medial greater than lateral joint line. He has some difficulty with standing from seated position. His gait is slightly wide-base; otherwise he cannot stand on toes or heels bilaterally because of his balance. The listed diagnoses are: impingement syndrome of shoulder, s/p rotator cuff repair from 2003, multiple sensing Tenosynovitis of the wrist and fingers, CMC joint arthritis of the thumbs, internal derangement of bilateral knees. Treatment plan is for lift off chair to help the patient to get up from the seated position. The utilization review denied the request on October 27, 2014. Treatment reports from June 3, 2014 through September 22, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift off 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-the Knee Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.aetna.com/cpb/data/CPBA0271.html>)

Decision rationale: This patient presents with constant shoulder and bilateral knee pain. The current request is for lift off chair. The treating physician states that the lift off chair is to help the patient get up from a seated position. The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. [REDACTED] guidelines, support chair or patient lifts if the patient is incapable of standing from a seated position, has severe arthritis of the hip or knee, once standing must have ability to ambulate and seat lift must be prescribed to effect improvement, or arrest or retard deterioration in patient's condition. [REDACTED] recommends lift chairs for patients that meet all criteria as stated above. In this case, the patient has chronic knee pain but there are no discussions or x-rays that document "severe arthritis of the hip or knee." This request is not medically necessary.