

Case Number:	CM14-0197986		
Date Assigned:	12/08/2014	Date of Injury:	02/15/2001
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 53-year old female patient with a date of injury on 2/15/2001. In a progress note dated 9/25/2014, the patient complained of worsening right upper extremity pain, and complete loss of function of left upper extremity. Objective findings: permanently disabled with global pain, confined to electric wheelchair, diffuse spine tenderness, and severe left upper extremity allodynia. The diagnostic impression showed complex regional pain syndrome (4 extremities), major depressive disorder, narcotic dependent state, and right lateral epicondylitis. Treatment to date: medication management, behavioral modification, pool therapy, home care assistance, trigger point injections. A UR decision dated 10/23/2014 denied the request for Chair Lift. The rationale provided regarding the denial was that the provider clarified that the patient was only requesting a wheelchair lift for the patient's vehicle, and ODG states that DME is primarily and customarily used to serve a medical purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chair Lift: 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), Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter: Durable Medical Equipment

Decision rationale: CA MTUS does not address this issue. ODG state that durable medical equipment(DME) is defined as equipment which 1)can withstand repeated use, 2)is primarily and customarily used to serve a medical purpose, 3)is generally not useful to a person in the absence of illness or injury, and 4)is appropriate for use in patient's home. However, in the 9/25/2014 progress report, there was no discussion regarding what medical purpose this request would serve. Furthermore, it was unclear why the provider was requesting a wheelchair lift in addition to the chair lift. Therefore, the request for Chair Lift was not medically necessary.