

<b>Case Number:</b>	CM15-0007552		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/18/1978
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 an 82-year-old male who reported an injury on 07/18/1978. The mechanism of injury was not provided. He is diagnosed with status post redo lumbar laminectomy and implantation of a spinal cord stimulator, as well as lumbago. A 10/27/2014 clinical note indicated that his symptoms were "unchanged." It was also noted that he was no longer driving, as he recently had a stroke. Further, it was documented that the injured worker gets spasms in his lower extremities and takes Mirapex, which does not always provide adequate relief. The physical examination indicated that the injured worker was sitting in a wheelchair with bilateral ankle/foot orthoses in place. A prescription for a lift chair was provided, as it was noted that the injured worker and his wife requested it. However, the provider failed to include a specific rationale for the requested durable medical equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Lift Chair for home.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Chapter Knee & Leg (Acute & Chronic) Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Durable medical equipment (DME).

**Decision rationale:** According to the Official Disability Guidelines, durable medical equipment is defined when the equipment can withstand repeated use and could normally be rented and used by successive patients. Additionally, the equipment should be primarily and customarily used to serve a medical purpose and should be generally not useful to a person in the absence of illness or injury and appropriate for use in a patient's home. The clinical information submitted for review indicated that the injured worker was status post redo lumbar laminectomy and implantation of a spinal cord stimulator with low back pain. However, details regarding his symptoms and physical examination findings were not submitted for review. Further, a rationale for the requested lift chair for home was not provided. Therefore, it is unclear whether the injured worker has inadequate muscle strength in the lower extremities or trunk to transfer from a chair. In the absence of further documentation regarding the injured worker's need for the requested durable medical equipment, it is unclear whether it would serve a primarily medical purpose. Therefore, based on the submitted documentation, it does not meet the definition of durable medical equipment, per the referenced guidelines. As such, the request is not medically necessary.