

Case Number:	CM15-0184598		
Date Assigned:	09/25/2015	Date of Injury:	01/08/2015
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

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

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 47 year old male, who sustained an industrial injury on 1-8-15. The injured worker has complaints of right upper extremity paresthesias. The documentation on 8-25-15 noted that the injured worker continues to note the new finding of an inability to adduct the fingers, especially the fourth and fifth finger. The injured worker notes improvement in the redness on the left proximal to the antecubital fossa and notes he has numbness in the left shoulder area. The reports that his bilateral upper extremity symptoms with pain, weakness and loss of range of motion make it difficult and extremely painful for him to arise from his recliner chair. The visual analog scale with medications was noted to be 4 out of 10 and 9 out of 10 without medications. The documentation noted that forward flexion of the left shoulder at 80 degrees, abduction at approximately 70 degrees and there is still some decreased sensation in the biceps area and both hand. There is mild erythema and warmth 3 times 3cm just proximal to the antecubital fossa on the left and there is some increased warmth across the large incision, which does appear to be well healed in the clavicular area. The diagnoses have included lumbosacral plexus lesions; closed dislocation of acromioclavicular joint and closed fracture of three ribs. Treatment to date has included manipulation under anesthesia and hardware removal on 8-5-15; norco and physical therapy with some improvement in range of motion. The original utilization review (9-3-15) denied the request for electric lift chair as not being medically necessary. The Utilization Review noted that a peer-to-peer contact was made and that completion of the home health evaluation, the request for an electronic lift chair could be substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric lift chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem - Lifting Devices for Use in the Home, Guideline #CG-DME-23.

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-Durable medical equipment (DME).

Decision rationale: Electric lift chair is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that the term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. The documentation indicates that the patient as of 9/28/15 is making improvements in PT and additional therapy is warranted. His ability to sit, stand and walk is significantly improved with medications. There is no documentation that this electric lift chair is suitable in the patient's home and that the patient is unable at this point to get up out of a chair on his own. The request is therefore not medically necessary.