

<b>Case Number:</b>	CM15-0193827		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/24/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial-work injury on 9-23-15. He reported initial complaints of ankle pain. The injured worker was diagnosed as having talar dome fracture, right ankle replacement, reflex sympathetic dystrophy of lower limb with hyperesthesia, atherosclerosis of the extremities and compensatory lumbar sprain. Treatment to date has included medication, surgery (angioplasty with stent placement, regional nerve blocks (failed), acupuncture-6 sessions increased pain, and diagnostics. Currently, the injured worker complains of back and ankle pain. Medication included OxyContin, Seroquel, Tramadol, trazodone, and Lithium. Per the primary physician's progress report (PR-2) on 9-14-15, exam noted no range of motion of lateral and medial movement of right ankle, dorsiflexion of 5 degrees maximum, 0 degrees of plantar flexion, bilateral tenderness and spasms of the L3-5 paraspinal muscles, lumbar decreased range of motion, ½ cm skin ulcer of posterior heel and 2 at anterior medial foot, 15 cm x 12 redness dorsum of foot, swollen at dorsum, darkened red, nail bed changes talon like all toes especially big toe, minimal range of motion to all toes, cool and hypersensitive to light touch. The home is not handicap accessible and an ergonomic evaluation was performed of his home last year. He is permanently disabled. Current plan of care includes medication refill, diagnostics, and home accommodation. The Request for Authorization requested service to include curved stair-lift right lower extremity. The Utilization Review on 9-23-15 denied the request for curved stair-lift right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Curved stair-lift right lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Seat Lifts and Patient Lifts.

**Decision rationale:** The patient presents with right ankle and lumbar spine pain and CRPS. The current request is for Curved stair lift, right lower extremity. The treating physician's report dated 09/23/2015 (89B) states, "I researched the need and ability to get [REDACTED] a stair-lift because he has a lot of trouble getting up his stairs at home. His home is not compatible for a disabled person with the disability to his degree. A stair lift is not covered by his Medicare or OGD. I called and had a long discussion about how much [REDACTED] needs a stair lift in his home, so he does not have accidents to cause more injury." The MTUS, ACOEM, and ODG Guidelines do not address this request; however, Aetna Guidelines on seat lift and patient lifts states, Aetna considers seat lift mechanisms, medically necessary durable medical equipment (DME) when all of the following criteria are met: 1. The member must be incapable of standing up from a regular arm chair at home. 2. The member must have severe arthritis of the hip or knee or have severe neuromuscular disease. 3. The seat lift mechanism must be prescribed to affect improvement, or arrest or retard deterioration of the member's condition. 4. When standing, the member must have the ability to ambulate. Aetna considers seat lift mechanisms experimental and investigational for all other indications because of insufficient evidence in the peer review of the literature. In this case, none of the reports document the required criteria for a stair lift based on the Aetna guidelines. The current request is not medically necessary.