

Case Number:	CM15-0194211		
Date Assigned:	10/08/2015	Date of Injury:	12/05/1994
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	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: North Carolina

Certification(s)/Specialty: Family Practice

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 74 year old, female who sustained a work related injury on 12-5-94. A review of the medical records shows she is being treated for low back pain and leg pain. Treatments have included epidural steroid injection-she reported "significant improvement in her back and leg pain." In the progress notes, the injured worker reports continuing leg pain and weakness. She reports she has fallen several times. She is having problems going up the stairs in her home. She is requesting a stair lift for the stairs in her home. In the objective findings dated 7-14-15, she has tenderness in the lower lumbar paravertebral muscles. She has decreased lumbar range of motion. Strength in legs is "globally" intact. Deep tendon reflexes are absent in her legs. No notation on working status. The treatment plan includes a request for a chair lift for the stairs in her home. The Request for Authorization dated 9-4-15 has a request for a chair lift for staircase. In the Utilization Review dated 9-15-15, the requested treatment of a chair lift for home staircase is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chair lift for home staircase: 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), Pain(Chronic): Power mobility devices, Knee: Power mobility devices, Walking aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. The patient does not have significant strength or balance deficits noted on physical exam which would require this device and not be accomplished by other means. Therefore the request is not medically necessary.