

Case Number:	CM15-0032205		
Date Assigned:	02/25/2015	Date of Injury:	05/01/1999
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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
Certification(s)/Specialty: Internal 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 67 year old female who sustained a work related injury on May 1, 1999, incurring hands and wrists injuries. She was diagnosed with osteoarthritis, and severe rheumatoid arthritis of multiple sites. Treatments included pain medications, exercise, surgical fusions of the wrist and therapy. Currently, in January, 2015, the injured worker complained of increased pain in both elbows radiating to the wrists and fingers. She states she had a difficult time in transferring from sitting to standing position. On January 21, 2015, a request for an electronic lift chair was non-certified by Utilization Review, noting Aetna and Blue Cross Electric Chair Lift Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic lift chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Bulletin.

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 (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address electric lift chairs. Official Disability Guidelines (ODG) indicates that durable medical equipment (DME) is recommended generally if there is a medical need. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. DME generally is not useful to a person in the absence of illness or injury. The term DME is defined as equipment which is primarily and customarily used to serve a medical purpose. The primary treating physician's progress report dated 1/12/15 documented that the patient is an alert and oriented. The patient is able to transfer from sit to stand. The patient is ambulatory. Per ODG, environmental modifications to the home environment are considered not primarily medical in nature. The 1/12/15 progress report does not support the medical necessity of an electric lift chair, and is not supported by ODG guidelines. Therefore, the request for electric lift chair is not medically necessary.