

<b>Case Number:</b>	CM15-0040798		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/08/1994
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on April 8, 1994, incurring low back injuries. She was diagnosed with lumbosacral radiculitis. Treatments included pain medications, transcutaneous electrical stimulation unit, epidural steroid injection, muscle relaxants and work restrictions and modifications. Lumbar Magnetic Resonance Imaging revealed disc bulging canal stenosis and spondylosis. Currently, the injured worker complained of lower back pain, tailbone pain, feet pain, bilateral leg pain. She noted difficulty walking, numbness in the right thigh and right foot. The injured worker had restricted range of motion and spasms facet tenderness in the lumbar spine. The treatment plan that was requested for authorization included a chair lift.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chair lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services Coverage Issues-Durable Medical equipment.

**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 (acute and chronic) Durable Medical Equipment (DME).

**Decision rationale:** There is no appropriate section in the MTUS Chronic pain or ACOEM guidelines concerning this topic. There is also no published quality studies concerning this topic. The assumed chair lift as described from treating physician's notes is likely a powered electric lift chair that is essentially a recliner that can lift a pt from fully reclined position and tilt patient forward and off the chair without need for knee or arm use. As per Official Disability Guide, this device would fall under criteria for Durable Medical Equipment (DME) but there is no specific sub-heading specifically concerning a powered lift chair. As per ODG, criteria for DME recommendation include: 1) Can withstand repeated use. 2) Primarily and customarily used for medical purpose. 3) Not useful in abscess of illness or injury. 4) Appropriate for home use. The powered chair lift does not meet criteria 2 and 3. This device is widely sold in many furniture stores. It can be used for non-medical purposes and for the convenience of its user. It is not primary for medical purpose only. The treating physician has not documented any significant deficits on exam. Patient has complaints of getting up from a chair but there is no objective assessment documented. There is no functional assessment of hip or leg strength or disability when getting up from a sitting position. As per ODG criteria, the required power lift chair is not a Durable medical equipment (DME) and is not medically necessary.