

<b>Case Number:</b>	CM15-0055110		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 5/16/07. He reported pain in the left shoulder, lumbar spine, left hip and left knee related to a fall. The injured worker was diagnosed as having left shoulder strain, lumbar disc bulges, lumbar degenerative disc disease, left hip labral tear and left knee sprain. Treatment to date has included lumbar MRI, psychiatric treatments, sleep study and pain medications. As of the PR2 dated 1/14/15, the injured worker reports pain in the left shoulder, lower back and left hip. The treating physician noted tenderness to palpation over the lumbar spine and decreased range of motion in the left shoulder. The treating physician requested a lift chair. An orthopedic evaluation dated December 16, 2014 indicates that the patient has normal lower extremity strength and recommends returning to work. A utilization review determination dated March 10, 2015 recommends certification for a lift chair, stating that the patient is gaining weight and his current chair is malfunctioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME lift chair:** 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).

**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 Chapter, Durable medical equipment (DME).

**Decision rationale:** Regarding the request for lift chair, California MTUS does not address the issue. ODG notes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. Within the documentation available for review, there is no indication that the patient has difficulty raising from a seated position. Physical examination findings indicate normal strength and lower extremities. In fact, recommendation is given for the patient to continue working. Additionally, it appears that the patient already has a lift chair and was recently authorized to receive a replacement lift chair. It is unclear why a 3rd lift chair would be needed at the current time. In light of the above issues, the currently requested lift chair is not medically necessary.