

<b>Case Number:</b>	CM15-0080579		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, California  
 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 51-year-old male with an industrial injury dated 5/17/2013. The injured worker's diagnoses include spondylosis, spinal stenosis, low back pain, pseudoarthrosis and status post posterolateral fusion. Treatment consisted of diagnostic studies, prescribed medications, surgical procedure and periodic follow up visits. In a discharge note dated 3/16/2015, the injured worker was admitted for surgical management of pseudoarthrosis of lumbar spine status post 2 level anterior lumbar interbody fusion for degenerative disc disease. The treating physician noted that the injured worker tolerated procedure well and pain was well controlled during time of discharge. The treating physician prescribed services for motorized chair lift now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized chair lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter pg 56 and power mobility devices.

**Decision rationale:** According to the guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. In this case, the claimant's functional ability after surgery was not provided. In ability to transfer for daily activities was not noted. Length of incapacity was not provided. The request for a motorized lift chair is not medically necessary.